

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

X Chapter 7

TRANSCARE CORPORATION, et al.,  
Debtors.

Case No.: 16-10407 (SMB)  
Jointly-Administered

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODS AND DISCLAIMER  
REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND  
STATEMENT OF FINANCIAL AFFAIRS**

On February 24, 2016, (the "Initial Petition Date"), TransCare Corporation, TransCare New York, Inc., TransCare ML, Inc., TC Ambulance Group, Inc., TransCare Management Services, Inc., TCBA Ambulance, Inc., TC Billing and Services Corporation, TransCare Westchester, Inc., TransCare Maryland, Inc., TC Ambulance North, Inc. and TransCare Harford County, Inc. (collectively, the "Initial Debtors") filed for relief under Chapter 7 of Title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court, Southern District of New York (the "Court"). On February 25, 2016, Salvatore LaMonica was appointed as the interim Chapter 7 Trustee of the Initial Debtors' cases (the "Trustee"), has since duly qualified and is the permanent Trustee administering the Initial Debtors' estates. Pursuant to Order dated March 1, 2016, the Initial Debtors' cases are being jointly administered under Case No. 16-10407 (TransCare Corporation).

On April 25, 2016, TransCare Pennsylvania, Inc., TC Ambulance Corporation and TC Hudson Valley Ambulance Corp. (collectively, the "Subsequent Debtors", together with the Initial Debtors are collectively referred to herein as the "Debtors") filed for bankruptcy relief under Chapter 7 of the Bankruptcy Court in this Court. On April 25, 2016, Salvatore LaMonica was appointed as the interim Chapter 7 Trustee in each of Subsequent Debtors' cases has since duly qualified and is the permanent Trustee administering the Subsequent Debtors' estates. Pursuant to Order dated June 28, 2016, the Subsequent Debtors' cases are also being jointly administered under Case No. 16-10407 (TransCare Corporation).

<u>Initial Debtor Entity</u>	<u>Case No.</u>
TransCare Corporation	16-10407
TransCare New York, Inc.	16-10408
TransCare ML, Inc.	16-10409
TC Ambulance Group Inc.	16-10410
TransCare Management Services, Inc.	16-10411
TCBA Ambulance, Inc.	16-10412
TC Billing and Services Corporation	16-10413
TransCare Westchester Inc.	16-10414
TransCare Maryland Inc.	16-10415
TC Ambulance North, Inc.	16-10416
TransCare Harford County, Inc.	16-10417

<u>Subsequent Debtor Entity</u>	<u>Case No.</u>
TransCare Pennsylvania, Inc.	16-11057
TC Ambulance Corporation	16-11058
TC Hudson Valley Ambulance Corp.	16-11059

The Debtors' respective Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements") have been prepared by the Trustee, with the assistance of his retained attorneys and financial advisors, in accordance with Bankruptcy Code § 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

These Global Notes Pertaining to each of the Debtors' Schedules and Statements (collectively, the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of, each of the Schedules and Statements. These Global Notes should be referred to, and reviewed in connection with, any review of the Schedules and Statements.

These Global Notes are in addition to any specific notes contained in a particular Debtors' Schedules or Statements. Disclosure of information in one Schedule, Statement, exhibit or continuation sheet, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit or continuation sheet.

The Schedules and Global Notes should not be relied upon by any persons for information relating to current or future financial conditions, events or performance of any of the Debtors.

1. Reservation of Rights. The Debtors' filing of these Chapter 7 bankruptcy cases materially impacted the Debtors' ability to access and marshal information about their businesses, especially where such information was in the hands of non-debtor third-parties. Although the Trustee and his advisors have been working diligently to gather information about the Debtors' businesses, the condition of the Debtors' books and records, together with the departure of many key personnel, have imposed on this process. The process of gathering and consolidating the Debtors' information will continue after the filing of these Schedules and Statements, which should be regarded as a work in progress, to be followed by supplements and amendments as necessary.

The Schedules and Statements are unaudited and subject to further review and potential adjustment. In preparing the Schedules and Statements, the Trustee relied on financial data derived from the Debtors' books and records that were available at the time of preparation. The Debtors' books and records were last closed for internal use at October 31, 2015, and since that date not all activity was recorded or adjustments were made. The Trustee, and his retained professionals, have made reasonable efforts to ensure the accuracy and completeness of such financial information; however, subsequent information or discovery may result in material changes to the Schedules and Statements and inadvertent errors, omissions or inaccuracies may exist. The Trustee and his retained professionals reserve all rights to amend or supplement the Schedules and Statements as deemed appropriate.

Moreover, because the Schedules and Statements contain unaudited information, which information is subject to further review and potential adjustment, there can be no assurance that these Schedules and Statements are complete. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to these Chapter 7 cases, including, but not limited to, any rights to assert claims or causes of action relating to equitable subordination and/or causes of actions arising under the provisions of Chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets, avoid transfers or collect money owed.

Nothing contained in the Schedules and Statements or these Global Notes shall constitute or deemed to be an admission of any kind by the Trustee or the estates or a waiver of any of the Trustee's rights to assert claims or defenses. By way of example, the avoidance of doubt, listing a claim on: i) Schedule D as "secured"; ii) on Schedule E/F as "priority; iii) on Schedule E/F as

“unsecured priority”; or iv) listing a contract or lease on Schedule G as “executory” or “unexpired” does not constitute an admission by the Trustee of the legal rights of the claimant, or a waiver of the Trustee’s right to re-characterize or reclassify such claim or contract. Failure to designate a claim on a given Debtor’s Schedule as “disputed”, “contingent” or “unliquidated” does not constitute an admission by the Trustee that such amount is not “disputed”, “contingent” or “unliquidated”.

2. **“As of” Information Date.** Unless otherwise indicated, all amounts listed in the Schedules and Statements are as of October 31, 2015, which represents the last date the Debtors’ books and records appear to have been closed by management.

The Subsequent Debtors’ books and records were prepared on a consistent basis and time frame as the Initial Debtors’ books and records, and upon information and belief, the Subsequent Debtors did not operate after the Initial Petition Date.

3. **Agreements Subject to Confidentiality and/or Missing Information.** There may be instances within the Schedules and Statements where either names, addresses or amounts have been left blank. In some cases, the information is missing and the Trustee has not been able to obtain the complete information as of the date of these Schedules and Statements.
4. **Asset Presentation.** Unless otherwise indicated, assets are presented at book value as of October 31, 2015. Information contained in the Schedules and Statements have been derived or obtained from the Debtors’ books and records and historical financial statements.
5. **Excluded Assets and Liabilities.** The Schedules and Statements do not include certain categories of assets and liabilities that are recorded in the books and records pursuant to certain accounting principles but are not necessarily indicative of value that can be realized or a liability that can be enforced. Such excluded items include deferred tax assets and liabilities, accrued taxes and accrued wage and/or employee benefit related obligations, which do not represent specific claims as of the Initial Petition Date, and assets relating to, among other things, goodwill, customer relationship intangibles and loan commitment fees.
6. **Foreign Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
7. **Undetermined Amounts.** The description of an amount as “unknown”, “unliquidated” or “undetermined” is not intended to reflect upon the materiality of such amount.
8. **Guarantees.** The Debtors’ books and records do not reflect any contractual guarantees issued by a Debtor(s); however, the Trustee will continue to investigate such claims, executory contracts, unexpired leases and other such agreements, and will amend the Schedules, as he deems necessary.
9. **Causes of Action.** Despite reasonable efforts, the Trustee might not have identified and/or set forth all of its causes of action against third parties as assets in its Schedules and Statement. The Trustee reserves all of his rights with respect to any causes of action he may have and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.
10. **Insiders.** The Trustee has included payments, identified to date, made over the twelve months preceding the Initial Petition Date to any individual deemed an “insider”. When a debtor is a

corporation, Bankruptcy Code § 101(3 l)(b) defines “insider” as a: (i) director of the debtor; (ii) officer of the debtor; (iii) person in control of the debtor; (iv) partnership in which the debtor is a general partner; (v) general partner of the debtor; or (vi) relative of a general partner, director, officer, or person in control of the debtor.

11. Liabilities. The Trustee has sought to allocate liabilities between the Pre-Initial Petition Date and Post-Initial Petition Date periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the Pre-Petition Date and Post-Initial Petition Date periods may change.
12. Goodwill: Represents the excess of acquisition costs over the fair value of the assets acquired. The balance reflected on the Debtors’ internally prepared balance sheets as of October 31, 2015 is the same as in the independent auditor’s report for year ended December 31, 2013. This should not be construed to imply that there were no subsequent impairments in value.

#### STATEMENT OF FINANCIAL AFFAIRS

1. Statements Presented by the Debtors: The Statements are being filed on an individual basis. Each Statement reflects the TransCare Corporation ownership interest in each of the other Debtors based on the 2015 consolidated tax return filed by TransCare Corporation and the affiliated Debtor entities.
2. Revenue. Based on the analysis by the Trustee, through his retained professionals, management last closed the books and records for the period year-to-date October 31, 2015. The Debtors did not reconcile their books and records from November 1, 2016 through the Initial Petition Date and the Trustee can make no representations as to the financial condition of the Debtor entities during that time period except as otherwise reflected in the Statements and Schedules.
3. Setoff. The Debtors’ books and records do not reflect any setoffs. However, the Trustee will continue to investigate such claims and reserves all rights to challenge such setoff rights, if any.
4. Legal Actions or Assignments. The Trustee searched the electronic court databases in New York, Pennsylvania and Maryland for legal actions involving any of the Debtors. Annexed to each of the Debtor’s Statement are the results of the each of the searches for potential litigations involving the Debtors.

The Trustee reserve all of his rights with respect to any causes of action he may have and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.

5. Books, records and financial statements.
  - a. Upon information and belief, the books and records for the Debtors have been maintained by TransCare Corporation from acquisition on December 1, 1993 through the Initial Petition Date.
  - b. The Debtors’ financial statements were audited by BDO USA, LLP for the year ending on December 31, 2013. Upon information and belief, CohnReznick, LLP performed annual audits for unknown years prior to 2013.
  - c. The following entities were in possession of the Debtors’ books and records as of the Initial Petition Date: TransCare Corporation; TransCare New York Inc., TransCare

Maryland Inc., TC Billing and Services Corp., TransCare Pennsylvania, Inc., and TransCare ML, Inc.

- d. Upon information and belief, the following financial institutions were issued internally prepared financial statements within the two years prior to the filing date:
  - i. Patriarch Partners
  - ii. Wells Fargo Bank, N.A.
  - iii. Credit Suisse
6. Past and present partners, officers, directors and shareholders. Many of the Debtors' officers and directors resigned as of, or within a week, of the Initial Filing Date.
7. Tax Consolidated Group. For income tax purposes the Debtors filed one consolidated federal tax return for TransCare Corporation and its Subsidiaries. The last tax return prepared for TransCare Corporation and the Subsidiaries was filed for year ending December 31, 2013.
8. Payments Made to Creditors Within 90 Days. The Trustee is continuing to gather information regarding payments made by the Debtors to creditors within 90 days of the Initial Petition Date as required by question 3(b) on the Official Form for the Statements.<sup>1</sup> The Statements reflect the information that has been gathered to date, however, certain of the information is incomplete at this time. In addition, due to the limitations of the Debtors' books and records, certain of the payee information has not yet been obtained. The Trustee is continuing to compile this information and will file amended Statements, as he deems necessary.
9. Transcendence Foreclosed Property. Patriarch Partners Agency Services LLC ("PPAS") asserts a disputed first priority lien on certain of the Debtors' assets, and in the days immediately prior to the commencement of these cases, PPAS purported to strictly foreclose on certain of the Debtors' personal property and transferred it to Transcendence Transit Inc. ("Transcendence"). In connection therewith, certain of assets listed on the Debtors' Schedules are purportedly transferred to Transcendence. The Trustee contests the foreclosure of certain assets to Transcendence and nothing set forth herein or in the Schedules or Statements waive any claims the Trustee, on behalf of the Debtors' estates, has in connection with the challenge of such foreclosure.
10. Assignments. The Debtors' books and records do not reflect any assignments with third parties. The Trustee will continue to evaluate whether, and to what extent, any negotiations culminated in executed assignment agreements and will amend the Schedules accordingly. The Trustee's identification of such transaction as an assignment does not constitute an admission that an assignment was made, and the Trustee expressly reserves the right to challenge any such characterization.
11. Specific Notes. These Global Notes are in addition to the specific notes set forth in the individual Schedules and Statements. Disclosure of information in one Schedule, Statement, exhibit, or continuation sheet even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit or continuation sheet.

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<sup>1</sup> The payments made to creditors within 90 days represent all transfers identified to date in the amount of \$1,000 or more made by the Debtors within the 90 days of the Initial Petition Date.

## SCHEDULES

### 1. Schedule A/B Assets- Real and Personal Property.

The property is listed on Schedule A/B at net book value. Leases of real property have not been listed on Schedule A, but have been listed on Schedule G.

Cash and restricted cash for certain Debtors may include amounts related to pledged assets that may not belong to the Debtors. Such amounts associated with pledged assets are not determinable at this time.

### 2. Schedule D — Creditors Holding Secured Claims.

The Trustee reserves all rights to dispute or challenge the secured nature of any creditor's claim or the characterization of the structure of any transaction or any document or instrument (including, without limitation, any inter-creditor agreements) related to such creditor's claim. The descriptions provided in Schedule D are intended only to be a summary. Reference to an applicable loan agreement and related documents and a determination of the creditors' compliance with applicable law is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements or related documents.

Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on each Schedule D. The Trustee has not included on Schedule D parties whose claims may be secured through rights of setoff, deposits posted by, or on behalf of, the Debtors, or inchoate statutory lien rights.

### 3. Schedule E/F — Creditors Holding Unsecured Priority and Nonpriority Claims.

Schedules E/F are reflected in the Debtors' books and records as of the Initial Petition Date. The listing of any claim on Schedule E/F does not constitute an admission by the Trustee that such claim is entitled to priority under Bankruptcy Code § 507. The Trustee reserves the right to dispute the nature, extent, validity and/or priority status of any claim on any basis whatsoever and the Schedules shall not be deemed an admission of any kind as to the allowability of any claim. While reasonable efforts have been made, determination of the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive, and therefore, the Trustee does not list a date for each claim listed on Schedule E/F. The Trustee and his retained professionals reserve all rights to amend or supplement the Schedule E/F as deemed appropriate.

Upon review of the books and records, the Debtors, maintained employee payroll or benefits information for TransCare New York, TransCare Pennsylvania, Inc., TransCare Maryland, Inc., TC Hudson Valley Ambulance Corp., and TC Billing and Services Corporation. The employees from the other Debtor entities were paid salaries, benefits and other expenses through one of the aforementioned entities. The Debtors' books and records are maintained by TransCare Corporation and TransCare New York, which paid salaries, benefits and other expenses to their own employees, many of which were involved in the management of the various Debtor entities.

Schedule E/F does not include certain deferred charges, deferred liabilities or general reserves. Such amounts may, however, be reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Initial Petition Date. In certain instances, the date on which a claim listed on Schedule E/F arose is unclear..

The amounts for the pending litigations involving the Debtors are listed as undetermined and marked as contingent, unliquidated and disputed. The failure to classify any potential litigation claim as contingent, unliquidated and disputed shall not be deemed an admission by the Trustee as to the validity of such claim.

**4. Schedule G — Executory Contracts and Unexpired Leases.**

Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease, and inclusion of a contract, lease or other agreement on Schedule G does not constitute an admission that such contract, lease or other agreement is an executory contract, was in effect on the Initial Petition Date, or is valid or enforceable. While reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or over-inclusion may have occurred. The contracts, leases and other agreements listed on Schedule G may have been modified, amended, supplemented or superseded from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements which may not be listed on Schedule G.

The Trustee could not identify which Debtor(s) were parties to the executory contracts or other agreement listed in the Debtors' books and records. Therefore, the Trustee annexed all the potential executory contracts to each of the Debtors' Schedules. Further, certain agreements listed on Schedule G may have been entered into by or on behalf of more than one of the Debtors, or a Debtor and a non-Debtor affiliate or third party. Certain of the agreements may not have been memorialized and may be subject to dispute. The Trustee has endeavored to identify agreements that are oral in nature, but review of the Debtors' books and records is ongoing and the Schedules will be amended as necessary.

Any and all of the Trustee's rights, claims, defenses and causes of action of any kind with respect to the contracts and agreements listed on Schedule G are reserved. In addition, one or more of the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as supplemental agreements, amendments, letter agreements, and confidentiality agreements. Such documents may not be set forth in Schedule G. The Trustee reserves all of his rights to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim. The Debtor(s) may be party(ies) to certain agreements that have expired by their terms, but, all parties continue to operate under the agreement(s). Out of an abundance of caution, the Trustee has listed such agreements. The Trustee's inclusion of such contracts or agreements on Schedule G is not an admission that such contract or agreement is an executory contract or unexpired lease.

**5. Schedule H — Co-Debtors.**

Investigation into possible co-obligor relationships between the Debtors and/or non-debtor entities is ongoing.

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 16-11059 (SMB)

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)**

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 0.00

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 0.00

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)**

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 0.00

**4. Total liabilities .....**

Lines 2 + 3a + 3b

\$ 0.00

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 16-11059 (SMB)

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

Debtor TC Hudson Valley Ambulance Corp. \_\_\_\_\_ Case number (*if known*) 16-11059 (SMB) \_\_\_\_\_  
Name \_\_\_\_\_

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.  
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <u>Vehicles</u>	<u>\$0.00</u>	<u>See Exhibit H</u>
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48. Watercraft, trailers, motors, and related accessories *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

- No. Go to Part 10.  
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available. 55.1.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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See Exhibit A	<u>\$0.00</u>	<u>Unknown</u>
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Debtor TC Hudson Valley Ambulance Corp.  
Name \_\_\_\_\_

Case number (*If known*) 16-11059 (SMB)

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and Intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed Examples: Season tickets, country club membership**

**Certificate of Need # 667**

**See Exhibit E**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No  
 Yes

Debtor TC Hudson Valley Ambulance Corp.  
Name \_\_\_\_\_

Case number (*if known*) 16-11059 (SMB)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 16-11059 (SMB)

Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A	Column B
	Amount of claim	Value of collateral that supports this claim
	<i>Do not deduct the value of collateral.</i>	<i>Unknown</i>

**2.1 Ark II CLO 2001-1 Ltd.**

Creditor's Name

Describe debtor's property that is subject to a lien

**Unknown**

**\$0.00**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

**2.2 Ark Investment Partners II, LP**

Creditor's Name

Describe debtor's property that is subject to a lien

**Unknown**

**\$0.00**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

Debtor	<b>TC Hudson Valley Ambulance Corp.</b>	Case number (if known)	<b>16-11059 (SMB)</b>
Name			
<b>2.3 Patriarch Partners Agency Serv</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input checked="" type="checkbox"/> Yes	
Do multiple creditors have an interest in the same property?		Is anyone else liable on this claim?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
As of the petition filing date, the claim is:		Check all that apply	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
<b>2.4 Patriarch Partners Mgmt Group</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input checked="" type="checkbox"/> Yes	
Do multiple creditors have an interest in the same property?		Is anyone else liable on this claim?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
As of the petition filing date, the claim is:		Check all that apply	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
<b>2.5 Patriarch Partners VIII, LLC</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input checked="" type="checkbox"/> Yes	
Do multiple creditors have an interest in the same property?		Is anyone else liable on this claim?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
As of the petition filing date, the claim is:		Check all that apply	

Debtor	<b>TC Hudson Valley Ambulance Corp.</b>	Case number (if known)	<b>16-11059 (SMB)</b>
Name			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>2.6 Patriarch Partners XIV, LLC</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number		Is anyone else liable on this claim?	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>2.7 Patriarch Partners XV, LLC</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number		Is anyone else liable on this claim?	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>2.8 Patriarch Partners, LLC</b>		Describe debtor's property that is subject to a lien	<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address		Describe the lien	
Creditor's email address, if known		Is the creditor an insider or related party?	
Date debt was incurred		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number		Is anyone else liable on this claim?	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
<hr/>		<hr/>	
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<hr/>		<hr/>	
2.9	<u>Patriarch, Inc.</u> Creditor's Name	Describe debtor's property that is subject to a lien	<u>Unknown</u> <u>\$0.00</u>
<hr/>		<hr/>	
Creditor's mailing address		<b>Describe the lien</b>	
<hr/>		<hr/>	
Creditor's email address, if known		<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<hr/>		<hr/>	
<b>Date debt was incurred</b>		<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<hr/>		<hr/>	
<b>Last 4 digits of account number</b>		<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<hr/>		<hr/>	
2.1	<u>Wells Fargo Bank, N.A.</u> Creditor's Name	Describe debtor's property that is subject to a lien	<u>Unknown</u> <u>\$0.00</u>
<hr/>		<hr/>	
Creditor's mailing address		<b>Describe the lien</b>	
<hr/>		<hr/>	
Creditor's email address, if known		<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		<hr/>	
<b>Date debt was incurred</b>		<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<hr/>		<hr/>	
<b>Last 4 digits of account number</b>		<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<hr/>		<hr/>	
2.1	<u>Zohar CDO 2003-1, Ltd.</u> Creditor's Name	Describe debtor's property that is subject to a lien	<u>Unknown</u> <u>\$0.00</u>
<hr/>		<hr/>	
Creditor's mailing address		<b>Describe the lien</b>	
<hr/>		<hr/>	
Creditor's email address, if known		<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>TC Hudson Valley Ambulance Corp.</b>	Case number (if known)	<b>16-11059 (SMB)</b>
Name			
Date debt was incurred	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?	<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.1</b> <b>2</b> <b>Zohar II 2005-1, Ltd.</b>	<b>Describe debtor's property that is subject to a lien</b>		<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address	<b>Describe the lien</b>		
Creditor's email address, if known	<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Date debt was incurred	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?	<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.1</b> <b>3</b> <b>Zohar III Ltd.</b>	<b>Describe debtor's property that is subject to a lien</b>		<b>Unknown</b> <b>\$0.00</b>
Creditor's Name			
Creditor's mailing address	<b>Describe the lien</b>		
Creditor's email address, if known	<b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Date debt was incurred	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?	<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$0.00**

#### **Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor TC Hudson Valley Ambulance Corp.

Name

Case number (if known) 16-11059 (SMB)

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you  
enter the related creditor?

Last 4 digits of  
account number for  
this entity

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORKCase number (if known) 16-11059 (SMB) Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <b>ABRASKIN,MARRIS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address <b>ADAMS,MEGAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.3	Priority creditor's name and mailing address <b>AGUILAR,KIRA C</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.4	Priority creditor's name and mailing address <b>AIELLO,CHRISTINE T</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.5	Priority creditor's name and mailing address <b>ALVAREZ,MICHELLE A</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.6	Priority creditor's name and mailing address <b>AMBLER,MORGAN</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.7	Priority creditor's name and mailing address <b>ANCHIN,DAVID E</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address <b>ANDERSON,BRYAN</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address <b>ANDERSON,CAITLYN O</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address <b>ANDUJAR,JOSEPH</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.11 Priority creditor's name and mailing address <b>ANELLI,MICHAEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12 Priority creditor's name and mailing address <b>ANGEVINE,LYNNE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13 Priority creditor's name and mailing address <b>ANSON,BETHANN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14 Priority creditor's name and mailing address <b>ANSON,TIMOTHY J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.15 Priority creditor's name and mailing address <b>ANTONACCIO,RICHARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16 Priority creditor's name and mailing address <b>ANYAPRAKAI,NAVIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17 Priority creditor's name and mailing address <b>APREA,DAVID J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18 Priority creditor's name and mailing address <b>ARCAROLA,JOSH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.19 Priority creditor's name and mailing address <b>ARORA,DAMANPREET</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.20 Priority creditor's name and mailing address <b>ARTIST,CHRISTIAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.21 Priority creditor's name and mailing address <b>ASHDOWN,JEFFREY D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.22 Priority creditor's name and mailing address <b>AUER,DEBBIE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.23 Priority creditor's name and mailing address <b>AYALA,DANIELLE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24 Priority creditor's name and mailing address <b>AZOULAY,ELLIO</b> T	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25 Priority creditor's name and mailing address <b>BAISLEY,JASON M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26 Priority creditor's name and mailing address <b>BAKER,SARAH R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.27 Priority creditor's name and mailing address <b>BANG,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28 Priority creditor's name and mailing address <b>BANKS,ROBERT E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29 Priority creditor's name and mailing address <b>BARETTE,LARRY T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30 Priority creditor's name and mailing address <b>BARGER,JASON S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.31 Priority creditor's name and mailing address <b>BARKLEY,JACOB</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.32 Priority creditor's name and mailing address <b>BARRETO,ERIKA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.33 Priority creditor's name and mailing address <b>BAUMGARTNER,EILEEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.34 Priority creditor's name and mailing address <b>BAYREUTHER,JAMES M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.35 Priority creditor's name and mailing address <b>BEATON,EVAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.36 Priority creditor's name and mailing address <b>BECKEL,CATHERINE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.37 Priority creditor's name and mailing address <b>BECKER,EDWARD J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.38 Priority creditor's name and mailing address <b>BEERS,TRACY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.39 Priority creditor's name and mailing address <b>BELL,SHAINA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.40 Priority creditor's name and mailing address <b>BENDEL,MARK R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.41 Priority creditor's name and mailing address <b>BENSON,SCOTT R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.42 Priority creditor's name and mailing address <b>BERNOWICH,WILLIAM C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.43 Priority creditor's name and mailing address <b>BEYER,JESSICA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.44 Priority creditor's name and mailing address <b>BEYER,JOHN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.45 Priority creditor's name and mailing address <b>BEYERS,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.46 Priority creditor's name and mailing address <b>BIDWELL,MATTHEW R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.47	Priority creditor's name and mailing address <b>BIGG,MICHAEL L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address <b>BILLUPS,ANGELA C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address <b>BIRKLER,STEPHANIE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address <b>BISCHOFF,RICHARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.51 Priority creditor's name and mailing address <b>BIUSO,TYLER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.52 Priority creditor's name and mailing address <b>BLAIR,BRIAN D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.53 Priority creditor's name and mailing address <b>BLATUS,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.54 Priority creditor's name and mailing address <b>BLEAKLEY,MICHAEL J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.55	Priority creditor's name and mailing address <b>BLEY,KEVIN R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.56	Priority creditor's name and mailing address <b>BLOUGH,CHRISTOPHER A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.57	Priority creditor's name and mailing address <b>BODNAR,ELIZABETH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.58	Priority creditor's name and mailing address <b>BOHIMANN,JUSTIN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.59 Priority creditor's name and mailing address <b>BOISSEY,MARC W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.60 Priority creditor's name and mailing address <b>BOOKER,COURNEY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.61 Priority creditor's name and mailing address <b>BOSE,NANCY K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.62 Priority creditor's name and mailing address <b>BOURNE,MATTHEW</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.63	Priority creditor's name and mailing address <b>BOWERS,KRISTEN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.64	Priority creditor's name and mailing address <b>BOWNAS,KIMBERLY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.65	Priority creditor's name and mailing address <b>BOYLE,SEAN E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.66	Priority creditor's name and mailing address <b>BRANDT,FREDERICK L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.67	Priority creditor's name and mailing address <b>BRENNER,KARL C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.68	Priority creditor's name and mailing address <b>BRIGGS,BRIAN G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.69	Priority creditor's name and mailing address <b>BRIGHAM,CHRISTOPHER M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.70	Priority creditor's name and mailing address <b>BRILL,MICHAEL L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.71 Priority creditor's name and mailing address <b>BROOKS,LAURA J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.72 Priority creditor's name and mailing address <b>BROWN,CORTNEY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.73 Priority creditor's name and mailing address <b>BROWN,FRANCES</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.74 Priority creditor's name and mailing address <b>BROWN,PATRICIA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.75		
Priority creditor's name and mailing address <b>BROWN,PETER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.76		
Priority creditor's name and mailing address <b>BROWN,REGINALD D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.77		
Priority creditor's name and mailing address <b>BROWN-ROSA,BREE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.78		
Priority creditor's name and mailing address <b>BRUCE,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.79	Priority creditor's name and mailing address <b>BUCHER,NICHOLAS W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.80	Priority creditor's name and mailing address <b>BUCHER,PAUL G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.81	Priority creditor's name and mailing address <b>BUGGS,CARMELA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.82	Priority creditor's name and mailing address <b>BUHL,PETER A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.83 Priority creditor's name and mailing address <b>BURLINGAME,MATTHEW J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84 Priority creditor's name and mailing address <b>BUTLER,SETH M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85 Priority creditor's name and mailing address <b>BUTTERBAUGH,ALLEN W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86 Priority creditor's name and mailing address <b>CALAMARI,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.87		
Priority creditor's name and mailing address <b>CALDERON,ERIC K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.88		
Priority creditor's name and mailing address <b>CALDERON,MICHAEL P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.89		
Priority creditor's name and mailing address <b>CALVELLO,NATALIE D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.90		
Priority creditor's name and mailing address <b>CAMBONE,ANTONIO T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.91	Priority creditor's name and mailing address <b>CAPONE,ASHLEY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.92	Priority creditor's name and mailing address <b>CAPUANO,WILLIAM D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.93	Priority creditor's name and mailing address <b>CARLO,DORI J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.94	Priority creditor's name and mailing address <b>CARPICO,GUY J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>2.95</b>	<b>TC Hudson Valley Ambulance Corp.</b>	<b>16-11059 (SMB)</b>
	Name	
	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>
	<b>CARR,CHRISTOPHER C</b>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.96</b>	<b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>
	<b>CARR,LEANDRA</b>	<b>Check all that apply.</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.97</b>	<b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>
	<b>CARRINGTON,ESTHER M</b>	<b>Check all that apply.</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.98</b>	<b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>
	<b>CARY,KRISTA M</b>	<b>Check all that apply.</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.99		
Priority creditor's name and mailing address <b>CASSONETTO,SALVATORE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.100		
Priority creditor's name and mailing address <b>CAULFIELD,JASON T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.101		
Priority creditor's name and mailing address <b>CELESTRI,STEVEN V</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.102		
Priority creditor's name and mailing address <b>CHAGNON,ROSS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.103 Priority creditor's name and mailing address <b>CHAMPAGNE,GILLIAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.104 Priority creditor's name and mailing address <b>CHAN,MATTHEW T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.105 Priority creditor's name and mailing address <b>CHAPLEY,JOSEPH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.106 Priority creditor's name and mailing address <b>CHAR,BRYAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.107 Priority creditor's name and mailing address <b>CHATFIELD,ERIC</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.108 Priority creditor's name and mailing address <b>CHICO,CHRISTINE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.109 Priority creditor's name and mailing address <b>CHIN,DAVID</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.110 Priority creditor's name and mailing address <b>CHMURA,MARYANNE T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.111 Priority creditor's name and mailing address <b>CHRISTEN,MARISSA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.112 Priority creditor's name and mailing address <b>CHRISTY,TC D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.113 Priority creditor's name and mailing address <b>CIACCIO,LAURA A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.114 Priority creditor's name and mailing address <b>CIRALLI,DANIEL T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.115 Priority creditor's name and mailing address <b>CIRINO,RAFAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.116 Priority creditor's name and mailing address <b>CITRO,ANGELA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.117 Priority creditor's name and mailing address <b>CITRO,ANTHONY J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.118 Priority creditor's name and mailing address <b>CLARK,IAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.119 Priority creditor's name and mailing address <b>CLEARY,JAMES J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.120 Priority creditor's name and mailing address <b>COE,RAYMOND L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.121 Priority creditor's name and mailing address <b>COLETTA,KENNETH M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.122 Priority creditor's name and mailing address <b>COLLETTI,ROBERT P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.123 Priority creditor's name and mailing address <b>COLLINS,SANDRA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.124 Priority creditor's name and mailing address <b>COLON,FRANCISCO J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.125 Priority creditor's name and mailing address <b>COLT,STEPHEN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.126 Priority creditor's name and mailing address <b>COMERFORD,NORMAN N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.127 Priority creditor's name and mailing address <b>CONKLIN,STEVEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.128 Priority creditor's name and mailing address <b>CONLEY,SHAWN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.129 Priority creditor's name and mailing address <b>CONRAD,KERRI A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.130 Priority creditor's name and mailing address <b>CONROY,JOHN R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.131 Priority creditor's name and mailing address <b>CONTE, ANN B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.132 Priority creditor's name and mailing address <b>CONTRY, JESSICA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.133 Priority creditor's name and mailing address <b>COOGAN, SAVANNAH N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.134 Priority creditor's name and mailing address <b>COOPER, HEATHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.135		
Priority creditor's name and mailing address <b>CORNELIUS,JUSTIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.136		
Priority creditor's name and mailing address <b>CORVINO,KEVIN T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.137		
Priority creditor's name and mailing address <b>COSTABLE,JUSTIN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.138		
Priority creditor's name and mailing address <b>COSTISICK,CATHERINE H</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.139	Priority creditor's name and mailing address <b>COUGHLIN,WILLIAM P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.140	Priority creditor's name and mailing address <b>COUSINS,SARAH J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.141	Priority creditor's name and mailing address <b>CRANDALL,ANTHONY P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.142	Priority creditor's name and mailing address <b>CRIANZA,JEFFREY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.143 Priority creditor's name and mailing address <b>CROSS,FRANCIS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.144 Priority creditor's name and mailing address <b>CROSS,PATRICIA K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.145 Priority creditor's name and mailing address <b>CRUTCHER,JEFFREY L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.146 Priority creditor's name and mailing address <b>CRUZ,ERIC L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.147		
Priority creditor's name and mailing address <b>CUELLAR,LAWRENCE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.148		
Priority creditor's name and mailing address <b>CURFMAN,MELISSA S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.149		
Priority creditor's name and mailing address <b>CURRAN,BRIDGET A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.150		
Priority creditor's name and mailing address <b>CURRAN,HELEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.151 Priority creditor's name and mailing address <b>CURRY,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.152 Priority creditor's name and mailing address <b>CUTONILLI,MARCELO G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.153 Priority creditor's name and mailing address <b>D ERASMO,JOSEPH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.154 Priority creditor's name and mailing address <b>DAHL,MARTHA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.155		
Priority creditor's name and mailing address <b>DALEY,BRIAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.156		
Priority creditor's name and mailing address <b>DALY,STEVEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.157		
Priority creditor's name and mailing address <b>DANDREANO,KRISTEN Y</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.158		
Priority creditor's name and mailing address <b>DART,KATHLEEN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.159		
Priority creditor's name and mailing address <b>DASILVA,STEPHANIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.160		
Priority creditor's name and mailing address <b>DAVIS,LAUREN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.161		
Priority creditor's name and mailing address <b>DAVIS,TAIWAN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.162		
Priority creditor's name and mailing address <b>DE FIORE,JOSEPH P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.163 Priority creditor's name and mailing address <b>DEANTONIO,MATTHEW</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.164 Priority creditor's name and mailing address <b>DEASE,MICHELLE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.165 Priority creditor's name and mailing address <b>DECARLO,TIMOTHY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.166 Priority creditor's name and mailing address <b>DECKER,BRIAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.167 Priority creditor's name and mailing address <b>DECKER,RONALD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.168 Priority creditor's name and mailing address <b>DEDRICK,FRANK J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.169 Priority creditor's name and mailing address <b>DEIERLEIN,CHRISTOPHER C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.170 Priority creditor's name and mailing address <b>DEL BIONDO,DANIEL S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.171 Priority creditor's name and mailing address <b>DEL PEZZO,NICHOLAS E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.172 Priority creditor's name and mailing address <b>DELAMARTER,CODY R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.173 Priority creditor's name and mailing address <b>DELGADO,EDWARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.174 Priority creditor's name and mailing address <b>DELLIPAOLI,GENE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.175 Priority creditor's name and mailing address <b>DELOLIO,SHONNA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.176 Priority creditor's name and mailing address <b>DENARDO,ANN D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.177 Priority creditor's name and mailing address <b>DENCKLAU,SARAH L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.178 Priority creditor's name and mailing address <b>DEPAOLO,FREDERICK J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.179 Priority creditor's name and mailing address <b>DEROMA,THOMAS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.180 Priority creditor's name and mailing address <b>DESGANTIS,MAURICE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.181 Priority creditor's name and mailing address <b>DEVANEY,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.182 Priority creditor's name and mailing address <b>DIAZ,JENNIFER R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.183 Priority creditor's name and mailing address <b>DIBRITA,LINDA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.184 Priority creditor's name and mailing address <b>DICKERSON,CHRISTINA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.185 Priority creditor's name and mailing address <b>DILKS,HARRY D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.186 Priority creditor's name and mailing address <b>DILLON,BRETT D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.187		
Priority creditor's name and mailing address <b>DINEEN,CHRISTOPHER M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.188		
Priority creditor's name and mailing address <b>DIORIO,DANIELLE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.189		
Priority creditor's name and mailing address <b>DOHERTY,ANDREW A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.190		
Priority creditor's name and mailing address <b>DOMICZEK,LINDA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.191		
Priority creditor's name and mailing address <b>DOMIZIO,LISA ANN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.192		
Priority creditor's name and mailing address <b>DONARUMA,NANCY L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.193		
Priority creditor's name and mailing address <b>DONGO,JOHEL E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.194		
Priority creditor's name and mailing address <b>DONNELLY,MATTHEW P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.195		
Priority creditor's name and mailing address <b>DONNELLY-AGIUS,ROBIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.196		
Priority creditor's name and mailing address <b>DORN,JASON L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.197		
Priority creditor's name and mailing address <b>DORS,BRUCE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.198		
Priority creditor's name and mailing address <b>DOS SANTOS,ANTONIO</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.199		
Priority creditor's name and mailing address <b>DOTY,PETER T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.200		
Priority creditor's name and mailing address <b>DOWNEY,ALEXANDER J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.201		
Priority creditor's name and mailing address <b>DRUML,ADAM</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.202		
Priority creditor's name and mailing address <b>DUHANEY,SETH J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.203 Priority creditor's name and mailing address <b>DURKIN,MARY CHRISTINE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.204 Priority creditor's name and mailing address <b>DYCKMAN,ELIZABETH K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.205 Priority creditor's name and mailing address <b>EDWARDS,SAMUEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.206 Priority creditor's name and mailing address <b>EFFEREN,DEBRA A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.207		
Priority creditor's name and mailing address <b>EFSTRATIOU,ANASTASIA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.208		
Priority creditor's name and mailing address <b>EMERY,DANIEL T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.209		
Priority creditor's name and mailing address <b>EMMETT,WENDY S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.210		
Priority creditor's name and mailing address <b>ERAMO,JOSEPH L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.211 Priority creditor's name and mailing address <b>ERNISSE,TRISHA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.212 Priority creditor's name and mailing address <b>FAGER,CHARLES R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.213 Priority creditor's name and mailing address <b>FAIRCLOTH,JAMAINE R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.214 Priority creditor's name and mailing address <b>FALCONE,NICHOLAS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.215 Priority creditor's name and mailing address <b>FELBER,LAWRENCE T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.216 Priority creditor's name and mailing address <b>FELDMAN,SEAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.217 Priority creditor's name and mailing address <b>FENICHEL,STACEY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.218 Priority creditor's name and mailing address <b>FERRACCI,WILLIAM M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.219		
Priority creditor's name and mailing address <b>FESTA,NICHOLAS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.220		
Priority creditor's name and mailing address <b>FICARELLI,ROBIN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.221		
Priority creditor's name and mailing address <b>FIGEL,BONNIE L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.222		
Priority creditor's name and mailing address <b>FIKE,JONATHAN B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.223 Priority creditor's name and mailing address <b>FINA,DARREN P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.224 Priority creditor's name and mailing address <b>FISKE,DAYNA P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.225 Priority creditor's name and mailing address <b>FLINN,DARWIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.226 Priority creditor's name and mailing address <b>FOELL,ERIC</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.227		
Priority creditor's name and mailing address <b>FOLEY,BRIAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.228		
Priority creditor's name and mailing address <b>FOLEY,DANIELLE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.229		
Priority creditor's name and mailing address <b>FONT,MARIA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.230		
Priority creditor's name and mailing address <b>FOSTER,CHARLES</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.231 Priority creditor's name and mailing address <b>FOWLER,MEGAN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.232 Priority creditor's name and mailing address <b>FOX,JOHN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.233 Priority creditor's name and mailing address <b>FRALEIGH,CHARLES T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.234 Priority creditor's name and mailing address <b>FRANZESE,KIMBERLY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.235		
Priority creditor's name and mailing address <b>FRAZIER,SHARON R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.236		
Priority creditor's name and mailing address <b>FREDERICK,MICHAEL T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.237		
Priority creditor's name and mailing address <b>FRENCH,JEREMIAH E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.238		
Priority creditor's name and mailing address <b>FRISCHE,KATE J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.239	Priority creditor's name and mailing address <b>GAETANI,KATIE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.240	Priority creditor's name and mailing address <b>GAGNE,BRIAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.241	Priority creditor's name and mailing address <b>GALARZA,MARLENA A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.242	Priority creditor's name and mailing address <b>GALIOTO,ANTHONY G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>TC Hudson Valley Ambulance Corp.</b> Name	Case number (if known)	<b>16-11059 (SMB)</b>
2.243	Priority creditor's name and mailing address <b>GALLAGHER,DANIEL J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.244	Priority creditor's name and mailing address <b>GALLAGHER,JAMES</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.245	Priority creditor's name and mailing address <b>GALLAGHER,JOHN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.246	Priority creditor's name and mailing address <b>GALLINARI,STEVEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.247	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>GALLMAN,THOMAS A</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.248	Priority creditor's name and mailing address <b>GANNON,BRYAN</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.249	Priority creditor's name and mailing address <b>GARAN,JANNA D</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.250	Priority creditor's name and mailing address <b>GARCIA,DEAN</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.251 Priority creditor's name and mailing address <b>GARCIA,TABITHA I</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.252 Priority creditor's name and mailing address <b>GARDNER,TARA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.253 Priority creditor's name and mailing address <b>GARLAND,NICHOLAS J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.254 Priority creditor's name and mailing address <b>GARNES,MATTHEW E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.255	Priority creditor's name and mailing address <b>GARNOT,VINCENT M</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.256	Priority creditor's name and mailing address <b>GARON,KENNETH P</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.257	Priority creditor's name and mailing address <b>GARRISON,JESSICA E</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.258	Priority creditor's name and mailing address <b>GAUTHIER,LEONARD</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.259		
Priority creditor's name and mailing address <b>GAY,BRIAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.260		
Priority creditor's name and mailing address <b>GELESKI,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.261		
Priority creditor's name and mailing address <b>GEOGHEAN,KEELYN S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.262		
Priority creditor's name and mailing address <b>GIBSON,JUSTIN D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.263 Priority creditor's name and mailing address <b>GILMORE,KATHERINE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.264 Priority creditor's name and mailing address <b>GILMORE,WILLIAM J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.265 Priority creditor's name and mailing address <b>GILSON,ROBERT P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.266 Priority creditor's name and mailing address <b>GIOIA,TIMOTHY E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.267 Priority creditor's name and mailing address <b>GLEBA,LAURA J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.268 Priority creditor's name and mailing address <b>GODOY,TAMMY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.269 Priority creditor's name and mailing address <b>GOLDMAN,DAVID J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.270 Priority creditor's name and mailing address <b>GOLDMAN,JOHN D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.271 Priority creditor's name and mailing address <b>GOMEZ,JASON M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.272 Priority creditor's name and mailing address <b>GOMEZ,STEVE J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.273 Priority creditor's name and mailing address <b>GONZALES,GUSTAVO</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.274 Priority creditor's name and mailing address <b>GOULD,ROBERT</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.275 Priority creditor's name and mailing address <b>GRANDE,DONALD F</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.276 Priority creditor's name and mailing address <b>GRAZIANO,PETER J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.277 Priority creditor's name and mailing address <b>GREEN,ROBERT T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.278 Priority creditor's name and mailing address <b>GREEN,RUQAYAA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.279		
Priority creditor's name and mailing address <b>GREENLESE,MARY E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.280		
Priority creditor's name and mailing address <b>GREGORY,JODIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.281		
Priority creditor's name and mailing address <b>GREMMERT,IRENE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.282		
Priority creditor's name and mailing address <b>GRIFFIN,TWONYA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.283 Priority creditor's name and mailing address <b>GULLEY,HEIDI R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.284 Priority creditor's name and mailing address <b>GULLEY,THOMAS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.285 Priority creditor's name and mailing address <b>HACKER,RENEE L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.286 Priority creditor's name and mailing address <b>HACKETT,DIANN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.287 Priority creditor's name and mailing address <b>HACKETT,HEATHER L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.288 Priority creditor's name and mailing address <b>HAGEN,LAURIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.289 Priority creditor's name and mailing address <b>HALBROOK,JAAN P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.290 Priority creditor's name and mailing address <b>HALPIN,SEAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.291	Priority creditor's name and mailing address <b>HAPEMAN,JAIME L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.292	Priority creditor's name and mailing address <b>HARNETT,ELIZABETH</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.293	Priority creditor's name and mailing address <b>HARRIS,AARON M</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.294	Priority creditor's name and mailing address <b>HARRIS,AMBER L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.295		
Priority creditor's name and mailing address <b>HART,TERRI L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.296		
Priority creditor's name and mailing address <b>HASSLER,KENDRA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.297		
Priority creditor's name and mailing address <b>HATFIELD,SEAN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.298		
Priority creditor's name and mailing address <b>HAYES,JAMES L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.299	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>HEALY-FALENCKI,JONA L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.300	Priority creditor's name and mailing address <b>HEATH,BRUCE C</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.301	Priority creditor's name and mailing address <b>HENLEY,MICHELE N</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.302	Priority creditor's name and mailing address <b>HENSCHEL,BRENDAN</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.303 Priority creditor's name and mailing address <b>HENSCHEL,ERIC G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.304 Priority creditor's name and mailing address <b>HERBST,DONNA LISA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.305 Priority creditor's name and mailing address <b>HEXEL,DOUGLAS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.306 Priority creditor's name and mailing address <b>HIGGINS,THOMAS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.307 Priority creditor's name and mailing address <b>HILL,MICHAEL E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.308 Priority creditor's name and mailing address <b>HILLJE,DONALD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.309 Priority creditor's name and mailing address <b>HINKEL,ADAM C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.310 Priority creditor's name and mailing address <b>HOERNES,EDWIN R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.311 Priority creditor's name and mailing address <b>HOERNES,VELVET V</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.312 Priority creditor's name and mailing address <b>HOLLAND,TYRONE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.313 Priority creditor's name and mailing address <b>HOLMAN,THOMAS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.314 Priority creditor's name and mailing address <b>HOLZ,TIM J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.315 Priority creditor's name and mailing address <b>HOOK,JEFF</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.316 Priority creditor's name and mailing address <b>HOPKINS,CATHERINE T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.317 Priority creditor's name and mailing address <b>HOROWITZ,DAVID</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.318 Priority creditor's name and mailing address <b>HUWAE,KARLA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.319		
Priority creditor's name and mailing address <b>IELMONI,MICHAEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.320		
Priority creditor's name and mailing address <b>INDORF,ELIZABETH J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.321		
Priority creditor's name and mailing address <b>INESON,BRIAN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.322		
Priority creditor's name and mailing address <b>INESON,STEVEN T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.323	Priority creditor's name and mailing address <b>INGOLD,JOEL W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.324	Priority creditor's name and mailing address <b>IRVING,ANDRE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.325	Priority creditor's name and mailing address <b>JACKSON,LISA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.326	Priority creditor's name and mailing address <b>JACKSON,STEPHEN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.327		
Priority creditor's name and mailing address <b>JACKSON,TRISHA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.328		
Priority creditor's name and mailing address <b>JAROSCH,DANIEL R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.329		
Priority creditor's name and mailing address <b>JAYSON,JEFFREY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.330		
Priority creditor's name and mailing address <b>JENSEN,ERIC M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.331 Priority creditor's name and mailing address <b>JENSEN,JAMES D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.332 Priority creditor's name and mailing address <b>JOCKO,RONALD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.333 Priority creditor's name and mailing address <b>JOHNSON,CHRIS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.334 Priority creditor's name and mailing address <b>JOHNSON,DEVON W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.335	Priority creditor's name and mailing address <b>JOHNSON,PHILLIP W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.336	Priority creditor's name and mailing address <b>JONES,KALEIGH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.337	Priority creditor's name and mailing address <b>JONES,KRYSTIN N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.338	Priority creditor's name and mailing address <b>JONES,RYAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.339		
Priority creditor's name and mailing address <b>JONES,TANYA C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.340		
Priority creditor's name and mailing address <b>JUAVINETT,JENNIFER L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.341		
Priority creditor's name and mailing address <b>JUAVINETT,JOHN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.342		
Priority creditor's name and mailing address <b>JUBIE,PETER A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.343 Priority creditor's name and mailing address <b>JULIANO,JOSEPH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.344 Priority creditor's name and mailing address <b>KABA,BETTY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.345 Priority creditor's name and mailing address <b>KANE,BRIANNA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.346 Priority creditor's name and mailing address <b>KANE,SORIN B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.347		
Priority creditor's name and mailing address <b>KANGAS,BOBBIE JO</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.348		
Priority creditor's name and mailing address <b>KARTIS,VICTORIA A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.349		
Priority creditor's name and mailing address <b>KAUER,KAYLA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.350		
Priority creditor's name and mailing address <b>KAY,JOHN D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)		
2.351	<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
Priority creditor's name and mailing address <b>KECK,TRACY</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.352	Priority creditor's name and mailing address <b>KEEFE,RYAN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.353	Priority creditor's name and mailing address <b>KELLER,SHERRY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.354	Priority creditor's name and mailing address <b>KELLY,KEVIN P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.355 Priority creditor's name and mailing address <b>KELLY,SHAWN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.356 Priority creditor's name and mailing address <b>KELLY-HAHN,KIMBERLY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.357 Priority creditor's name and mailing address <b>KEOGH,ANTHONY J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.358 Priority creditor's name and mailing address <b>KERR,KELLY E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.359	<b>TC Hudson Valley Ambulance Corp.</b> Name	
	Priority creditor's name and mailing address <b>KIRCHNER,ZACHARY T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.360	<b>KLEEREKOPER,PHILLIP</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.361	<b>KLEIN,TZINA</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.362	<b>KLIMA,CHRISTOPHER</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.363 Priority creditor's name and mailing address <b>KNAPICK,GREGORY D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.364 Priority creditor's name and mailing address <b>KOFSKY,GREGORY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.365 Priority creditor's name and mailing address <b>KOGOS,SHMUEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.366 Priority creditor's name and mailing address <b>KOHLER,KELLY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.367 Priority creditor's name and mailing address <b>KOLESSAR,DIANE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.368 Priority creditor's name and mailing address <b>KOVAC,EDWARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.369 Priority creditor's name and mailing address <b>KOVALSKY,JOE V</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.370 Priority creditor's name and mailing address <b>KOWALCZYK,DANIEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.371	<b>TC Hudson Valley Ambulance Corp.</b> Name	
Priority creditor's name and mailing address <b>KRICKER,LOUIS</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.372	<b>KROELL,JACLYN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.373	<b>KROLL,MARGARET C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.374	<b>KUKLEVSKY,JULIE C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number		Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.375 Priority creditor's name and mailing address <b>KURPICK,DAVID</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.376 Priority creditor's name and mailing address <b>LABOY,EVELYN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.377 Priority creditor's name and mailing address <b>ALLI,CRISTINA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.378 Priority creditor's name and mailing address <b>LALLY,RICHARD V</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.379 Priority creditor's name and mailing address <b>LANE,COREENA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.380 Priority creditor's name and mailing address <b>LANGDON,GARRETT P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.381 Priority creditor's name and mailing address <b>LANGLEY,CHRISTOPHER T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.382 Priority creditor's name and mailing address <b>LASK,JOSHUA P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.383 Priority creditor's name and mailing address <b>LASK,MEGAN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.384 Priority creditor's name and mailing address <b>LATRONICA,EMMA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.385 Priority creditor's name and mailing address <b>LATRONICA,NANCY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.386 Priority creditor's name and mailing address <b>LAWLOR,BRIAN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.387		
Priority creditor's name and mailing address <b>LEBLANC,TIMOTHY B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.388		
Priority creditor's name and mailing address <b>LEFURGY,JUNE L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.389		
Priority creditor's name and mailing address <b>LENA,TIMOTHY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.390		
Priority creditor's name and mailing address <b>LEO,ALEXA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.391	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>LEO,LOUIS L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.392	Priority creditor's name and mailing address <b>LEONARD,MATTHEW J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.393	Priority creditor's name and mailing address <b>LEONE,VITO</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.394	Priority creditor's name and mailing address <b>LETTERI,FRANCIS</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.395 Priority creditor's name and mailing address <b>LEVINE,HENRY C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.396 Priority creditor's name and mailing address <b>LEVY,JENNIFER K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.397 Priority creditor's name and mailing address <b>LEWIS,SEAN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.398 Priority creditor's name and mailing address <b>LICCARDI,SERENA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
2.399	<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>
	Priority creditor's name and mailing address <b>LICHT,ALEX</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.400	Priority creditor's name and mailing address <b>LICKUN,SHAWN H</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.401	Priority creditor's name and mailing address <b>LIMBOS,TIMOTHY P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.402	Priority creditor's name and mailing address <b>LINEHAN,KARINA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.403 Priority creditor's name and mailing address <b>LINEHAN,MICHAEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.404 Priority creditor's name and mailing address <b>LOBLANCO,NICHOLAS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.405 Priority creditor's name and mailing address <b>LOCKWOOD,JOHN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.406 Priority creditor's name and mailing address <b>LOEFFLER,JOSHUA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>TC Hudson Valley Ambulance Corp.</b> Name	Case number (if known)	<b>16-11059 (SMB)</b>
2.407	Priority creditor's name and mailing address <b>LOGUIDICE,CRIS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.408	Priority creditor's name and mailing address <b>LOMBARDI,JOSEPH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.409	Priority creditor's name and mailing address <b>LOMBARDO,TRACY H</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.410	Priority creditor's name and mailing address <b>LONG,TIMOTHY B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.411 Priority creditor's name and mailing address <b>LONGHI,ERNEST J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.412 Priority creditor's name and mailing address <b>LOUGHLIN,MICHAEL T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.413 Priority creditor's name and mailing address <b>LOWE,JAMES P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.414 Priority creditor's name and mailing address <b>LOWN,DOUGLAS J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.415 Priority creditor's name and mailing address <b>LUDWIG,ANDREW J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.416 Priority creditor's name and mailing address <b>LUDWIG,FRANCIS L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.417 Priority creditor's name and mailing address <b>LYON,KYLE B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.418 Priority creditor's name and mailing address <b>MACGREGOR,STUART J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.419	Priority creditor's name and mailing address <b>MACKEY,DANIELLE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.420	Priority creditor's name and mailing address <b>MADSEN,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.421	Priority creditor's name and mailing address <b>MAEURER,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.422	Priority creditor's name and mailing address <b>MAGGS,ANASTACIA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.423 Priority creditor's name and mailing address <b>MAGILL,KIMBERLY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.424 Priority creditor's name and mailing address <b>MAGUIRE,CONOR</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.425 Priority creditor's name and mailing address <b>MAHON,DON</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.426 Priority creditor's name and mailing address <b>MAHONE,ROBERT W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.427 Priority creditor's name and mailing address <b>MAHONEY,JOHN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.428 Priority creditor's name and mailing address <b>MALIA,PATRICK J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.429 Priority creditor's name and mailing address <b>MANHARDT,KARL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.430 Priority creditor's name and mailing address <b>MAPES,VICTORIA R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.431 Priority creditor's name and mailing address <b>MARGOSIAN,LAURIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.432 Priority creditor's name and mailing address <b>MARJI,EMMAD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.433 Priority creditor's name and mailing address <b>MARKOWITZ,JANICE L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.434 Priority creditor's name and mailing address <b>MARRON,BRIAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.435 Priority creditor's name and mailing address <b>MARSHALL,WILLIAM H</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.436 Priority creditor's name and mailing address <b>MARTIN,CESAR</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.437 Priority creditor's name and mailing address <b>MARTIN,TIMOTHY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.438 Priority creditor's name and mailing address <b>MARTINO,DEBORAH A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.439	Priority creditor's name and mailing address <b>MASTROMARINO,NICOLE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.440	Priority creditor's name and mailing address <b>MATRAGRANO,ROBERT A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.441	Priority creditor's name and mailing address <b>MATTHEW,STEWART O</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.442	Priority creditor's name and mailing address <b>MATTICE,GORDON E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.443 Priority creditor's name and mailing address <b>MAYA,LUIS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.444 Priority creditor's name and mailing address <b>MCCOOEY,MELISSA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.445 Priority creditor's name and mailing address <b>MCCORMACK,MICHAEL E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.446 Priority creditor's name and mailing address <b>MCDONOUGH,TODD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.447 Priority creditor's name and mailing address <b>MCDOWELL,PAMELA C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.448 Priority creditor's name and mailing address <b>MCGARRY,STACY C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.449 Priority creditor's name and mailing address <b>MCGEE,JOSEPH R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.450 Priority creditor's name and mailing address <b>MCGOVERN,NICHOLAS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.451		
Priority creditor's name and mailing address <b>MCGRATH,KEVIN S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.452		
Priority creditor's name and mailing address <b>MCGRATH,RONALD J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.453		
Priority creditor's name and mailing address <b>MCGRAW,SEAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.454		
Priority creditor's name and mailing address <b>MCGUIRE,MICHAEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.455 Priority creditor's name and mailing address <b>MCKENNA,CAITLIN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.456 Priority creditor's name and mailing address <b>MCMAHON,SEAN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.457 Priority creditor's name and mailing address <b>MCMURRAY,KAREN-MARIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.458 Priority creditor's name and mailing address <b>MCNAMARA,SHANNA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.459	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>MCPADDEN,KEVIN E</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.460	Priority creditor's name and mailing address <b>MCPHEE,JOHN M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.461	Priority creditor's name and mailing address <b>MCSORLEY,JENNIFER A</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.462	Priority creditor's name and mailing address <b>MEDINA,JIMMY A</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.463 Priority creditor's name and mailing address <b>MEEHAN,BRYAN S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.464 Priority creditor's name and mailing address <b>MEMMOLI,DANIEL E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.465 Priority creditor's name and mailing address <b>MERCER,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.466 Priority creditor's name and mailing address <b>MERRITT,SCOTT M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.467 Priority creditor's name and mailing address <b>MEYER,KHRISTIPHER L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.468 Priority creditor's name and mailing address <b>MICHELETTI,JENNIFER L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.469 Priority creditor's name and mailing address <b>MIRANDA,HOWARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.470 Priority creditor's name and mailing address <b>MITCHELL,CAITLIN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.471 Priority creditor's name and mailing address <b>MOLLOY,JAMES M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.472 Priority creditor's name and mailing address <b>MONGIOVI,RACHEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.473 Priority creditor's name and mailing address <b>MONROE,THOMAS D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.474 Priority creditor's name and mailing address <b>MONTALVO,NANCY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.475 Priority creditor's name and mailing address <b>MONTANA,DENISE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.476 Priority creditor's name and mailing address <b>MOODY,ERICA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.477 Priority creditor's name and mailing address <b>MOORE,DUSTIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.478 Priority creditor's name and mailing address <b>MORALES,ANGELA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.479 Priority creditor's name and mailing address <b>MORANO,TIMOTHY D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.480 Priority creditor's name and mailing address <b>MORGAN,JANE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.481 Priority creditor's name and mailing address <b>MORGAN,KATHERINE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.482 Priority creditor's name and mailing address <b>MORRA,LAWRENCE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.483 Priority creditor's name and mailing address <b>MORRISON,NICKOLI</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.484 Priority creditor's name and mailing address <b>MORSE,SHANNON</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.485 Priority creditor's name and mailing address <b>MOSCICKI,ADAM J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.486 Priority creditor's name and mailing address <b>MOYER,DARRYL R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.487 Priority creditor's name and mailing address <b>MOYER,JOSEPH D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.488 Priority creditor's name and mailing address <b>MUGNOS,MARIE-MICHELE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.489 Priority creditor's name and mailing address <b>MULLEN,KEELIN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.490 Priority creditor's name and mailing address <b>MULLIN,PAUL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.491		
Priority creditor's name and mailing address <b>MULVANEY,MATTHEW</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.492		
Priority creditor's name and mailing address <b>MURPHY,DENNIS P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.493		
Priority creditor's name and mailing address <b>MURPHY,KEVIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.494		
Priority creditor's name and mailing address <b>MURPHY,TIMOTHY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.495 Priority creditor's name and mailing address <b>MYERS,ALYSSA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.496 Priority creditor's name and mailing address <b>NAGEL,KIMBERLY L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.497 Priority creditor's name and mailing address <b>NARCISSE,SHAWN N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.498 Priority creditor's name and mailing address <b>NASH,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.499	Priority creditor's name and mailing address <b>NAUDY,JOHN</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.500	Priority creditor's name and mailing address <b>NAUDY,NICOLE</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.501	Priority creditor's name and mailing address <b>NAVARRA,SHARON M</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.502	Priority creditor's name and mailing address <b>NEALIS,WILLIAM J</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.503	Priority creditor's name and mailing address <b>NEEDLEMAN,KARIN S</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.504	Priority creditor's name and mailing address <b>NEVILLE,HELEN A</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.505	Priority creditor's name and mailing address <b>NICHOLS,AMANDA L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.506	Priority creditor's name and mailing address <b>NIEVES,FRANCHEZCA S</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.507 Priority creditor's name and mailing address <b>NISBET,JAMIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.508 Priority creditor's name and mailing address <b>NOBLETT,ROBERT W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.509 Priority creditor's name and mailing address <b>NODAR,ARTHUR</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.510 Priority creditor's name and mailing address <b>NOLAN,MATTHEW R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.511	Priority creditor's name and mailing address <b>NOLTE,MICHAEL J</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.512	Priority creditor's name and mailing address <b>O BRIEN,DAWN M</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.513	Priority creditor's name and mailing address <b>O BRIEN,PATRICK</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.514	Priority creditor's name and mailing address <b>O BRIEN,WILLIAM</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.515 Priority creditor's name and mailing address <b>O DELL, PATRICK J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.516 Priority creditor's name and mailing address <b>O DELL, WILLIAM N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.517 Priority creditor's name and mailing address <b>O HARA, LORIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.518 Priority creditor's name and mailing address <b>O HARA, RACHEL M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.519		
Priority creditor's name and mailing address <b>ODDO,THOMAS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.520		
Priority creditor's name and mailing address <b>OEHRLIN,WILLAM J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.521		
Priority creditor's name and mailing address <b>OKOH,OARE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.522		
Priority creditor's name and mailing address <b>OLIVA,JUSTIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.523		
Priority creditor's name and mailing address <b>OLLIVETT,MATTHEW R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.524		
Priority creditor's name and mailing address <b>ORPIKOWSKI,THOMAS A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.525		
Priority creditor's name and mailing address <b>ORTIZ,VICTOR M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.526		
Priority creditor's name and mailing address <b>OSTROSKI,MICHAEL J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.527		
Priority creditor's name and mailing address <b>OTTAVIANO,ANTHONY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.528		
Priority creditor's name and mailing address <b>OTTO,CARL L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.529		
Priority creditor's name and mailing address <b>PACE,DAMIAN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.530		
Priority creditor's name and mailing address <b>PACION,SAMANTHA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.531 Priority creditor's name and mailing address <b>PACKER,GREG</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.532 Priority creditor's name and mailing address <b>PAGLIARO,VALERIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.533 Priority creditor's name and mailing address <b>PALEVICH,CHRISTIAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.534 Priority creditor's name and mailing address <b>PALLADINO,ANDREA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.535	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PALMATEER,KACEY B</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.536	Priority creditor's name and mailing address <b>PALMESI,DOUGLAS R</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.537	Priority creditor's name and mailing address <b>PAOLILLO,CARRIE A</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.538	Priority creditor's name and mailing address <b>PARASCANDOLA,ANDREA</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.539	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PARISI,ROBERT</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.540	Priority creditor's name and mailing address <b>PARSONS,DAVID P</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.541	Priority creditor's name and mailing address <b>PASQUALE,BRION</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.542	Priority creditor's name and mailing address <b>PATTERSON,SEAN G</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.543	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PAULEY,DAVID M</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.544	Priority creditor's name and mailing address <b>PAVELOCK,MICHELLE M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.545	Priority creditor's name and mailing address <b>PECK,AARON</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.546	Priority creditor's name and mailing address <b>PEDRO,JOSEPH M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.547		
Priority creditor's name and mailing address <b>PEFFERS,ERIK R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.548		
Priority creditor's name and mailing address <b>PEIXOTO,ANTONIO M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.549		
Priority creditor's name and mailing address <b>PELAK,MATTHEW</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.550		
Priority creditor's name and mailing address <b>PELEGRINI,DEBORAH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.551	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PELUSE,STEPHEN M</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.552	Priority creditor's name and mailing address <b>PEREZ,JASON M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.553	Priority creditor's name and mailing address <b>PERRUNA,WENDY N</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.554	Priority creditor's name and mailing address <b>PERRY,OMAR K</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.555		
Priority creditor's name and mailing address <b>PETTIT,TYLER J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.556		
Priority creditor's name and mailing address <b>PIERSALL,JILL E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.557		
Priority creditor's name and mailing address <b>PIERSON,SETH C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.558		
Priority creditor's name and mailing address <b>PIKAS,ERIK B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.559	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PISANO,JIM</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.560	Priority creditor's name and mailing address <b>PITONZA,CHRISTINA L.</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.561	Priority creditor's name and mailing address <b>PITTMAN,CHRISTOPHER J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.562	Priority creditor's name and mailing address <b>PIZZUTO,TESSA E</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.563		
Priority creditor's name and mailing address <b>POPLAWSKI,BRIAN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.564		
Priority creditor's name and mailing address <b>PORT,JACQUELINE C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.565		
Priority creditor's name and mailing address <b>PORT,RANDI J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.566		
Priority creditor's name and mailing address <b>PORT,RANDY C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.567		
Priority creditor's name and mailing address <b>POTTER,JOSHUA H</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.568		
Priority creditor's name and mailing address <b>PRAINO,LAWRENCE P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.569		
Priority creditor's name and mailing address <b>PRIANTI,ROBERT P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.570		
Priority creditor's name and mailing address <b>PRICE,RAYMOND E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.571	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>PRICE,TRACY L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.572	Priority creditor's name and mailing address <b>PROVENCIAL,CANDICE V</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.573	Priority creditor's name and mailing address <b>PUGGINI,SUSAN A</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.574	Priority creditor's name and mailing address <b>PULCHER,THOMAS P</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.575		
Priority creditor's name and mailing address <b>PUTNAM,GREGORY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.576		
Priority creditor's name and mailing address <b>QUENT,VICKIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.577		
Priority creditor's name and mailing address <b>QUEZADA,ELVIS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.578		
Priority creditor's name and mailing address <b>QUICK,ERIN P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
<hr/>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.579 Priority creditor's name and mailing address <b>QUIGLEY,RICHARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.580 Priority creditor's name and mailing address <b>RACANO,LISA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.581 Priority creditor's name and mailing address <b>RAGONE,GINA M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.582 Priority creditor's name and mailing address <b>RAMONDO,CHRISTINE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.583 Priority creditor's name and mailing address <b>RAMOS,BENJAMIN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.584 Priority creditor's name and mailing address <b>RAPPINA,STEPHANIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.585 Priority creditor's name and mailing address <b>RAWCLIFFE,JAMIE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.586 Priority creditor's name and mailing address <b>RAYFORD,TAKEYA A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>TC Hudson Valley Ambulance Corp.</b>	Case number (if known)	<b>16-11059 (SMB)</b>
Name			
2.587	Priority creditor's name and mailing address <b>RAZAK,JOSEPH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.588	Priority creditor's name and mailing address <b>REARDON,JOSEPH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.589	Priority creditor's name and mailing address <b>RECZEK,PETER J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.590	Priority creditor's name and mailing address <b>REED,TAMMY L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.591 Priority creditor's name and mailing address <b>REEKIE,JOSEPH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.592 Priority creditor's name and mailing address <b>REID,ALYSSA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.593 Priority creditor's name and mailing address <b>REIMAN,DAVID S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.594 Priority creditor's name and mailing address <b>REINA,MARC</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.595		
Priority creditor's name and mailing address <b>REVENSON,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.596		
Priority creditor's name and mailing address <b>REYES-WASHINGTON,LUCI</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.597		
Priority creditor's name and mailing address <b>RHABURN,ALVIN G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.598		
Priority creditor's name and mailing address <b>RICHARDSON,WILLIAM F</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.599		
Priority creditor's name and mailing address <b>RIECKER,JANINE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.600		
Priority creditor's name and mailing address <b>RIELLO,CASEY S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.601		
Priority creditor's name and mailing address <b>RIFENBURGH,KELLI E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.602		
Priority creditor's name and mailing address <b>RIGGINS,ASHLI M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.603 Priority creditor's name and mailing address <b>RINER,MATTHEW L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.604 Priority creditor's name and mailing address <b>RIOS,CESAR</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.605 Priority creditor's name and mailing address <b>RIVERA,JUAN E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.606 Priority creditor's name and mailing address <b>RIVERA,STEVEN S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.607 Priority creditor's name and mailing address <b>RIZZO,ROBERT W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.608 Priority creditor's name and mailing address <b>ROBERTI,MARINA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.609 Priority creditor's name and mailing address <b>ROBERTI,RUSSELL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.610 Priority creditor's name and mailing address <b>ROBERTS,KRIS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.611		
Priority creditor's name and mailing address <b>ROBERTS,ROBERT T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.612		
Priority creditor's name and mailing address <b>ROBINSON,KIMBERLY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.613		
Priority creditor's name and mailing address <b>ROGATI,JOHN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.614		
Priority creditor's name and mailing address <b>ROJAS,WILSON</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.615 Priority creditor's name and mailing address <b>ROMANIK, PATRICK J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.616 Priority creditor's name and mailing address <b>ROMANO, THOMAS C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.617 Priority creditor's name and mailing address <b>ROOT, CHRISTOPHER W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.618 Priority creditor's name and mailing address <b>ROSENBAUM, WILLIAM J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.619	Priority creditor's name and mailing address <b>RUHMSHOTTEL,MARCUS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.620	Priority creditor's name and mailing address <b>RUSSELL,MICHAEL J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.621	Priority creditor's name and mailing address <b>RUTBELL,KEITH M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.622	Priority creditor's name and mailing address <b>RUTLEDGE,KATIE A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.623		
Priority creditor's name and mailing address <b>SALAH,DOREEN A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.624		
Priority creditor's name and mailing address <b>SALANI,ROBERT</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.625		
Priority creditor's name and mailing address <b>SALOMON,JENNIFER R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.626		
Priority creditor's name and mailing address <b>SALTZ,MICHAEL L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.627	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>SAMMONS,MICHAEL J</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.628	Priority creditor's name and mailing address <b>SAMPLE,CHRISTOPHER M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.629	Priority creditor's name and mailing address <b>SANCHEZ,JAVIER</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.630	Priority creditor's name and mailing address <b>SANCHEZ,MIGDALIA</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>TC Hudson Valley Ambulance Corp.</b> Name	Case number (if known)	<b>16-11059 (SMB)</b>
2.631	Priority creditor's name and mailing address <b>SANDERSON,ANTHONY D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.632	Priority creditor's name and mailing address <b>SANJURJO,MICHAEL R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.633	Priority creditor's name and mailing address <b>SARLES,JOHN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.634	Priority creditor's name and mailing address <b>SAWITSKY,JAKE R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.635 Priority creditor's name and mailing address <b>SAYA,CHRISTOPHER D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.636 Priority creditor's name and mailing address <b>SCALA,FRANCIS M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.637 Priority creditor's name and mailing address <b>SCALA,JEFFREY J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.638 Priority creditor's name and mailing address <b>SCARCHILLI,NICHOLAS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.639	Name <b>TC Hudson Valley Ambulance Corp.</b>	
	Priority creditor's name and mailing address <b>SCARNATI,ANTHONY</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.640	Priority creditor's name and mailing address <b>SCHAEFER,CASSANDRA G</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.641	Priority creditor's name and mailing address <b>SCHEIDT,JONATHAN P</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.642	Priority creditor's name and mailing address <b>SCHLAGETER,ANDREW</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.643 Priority creditor's name and mailing address <b>SCHMITZ,KARI L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.644 Priority creditor's name and mailing address <b>SCHNITTERT,MARY E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.645 Priority creditor's name and mailing address <b>SCHUMACHER,RYAN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.646 Priority creditor's name and mailing address <b>SCHWAB,CAPRI A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.647	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>SCHWARTZ,ABRAHAM</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.648	Priority creditor's name and mailing address <b>SCHWARZ,ALBERT M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.649	Priority creditor's name and mailing address <b>SCHWARZ,JESSICA L</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.650	Priority creditor's name and mailing address <b>SCORZA,JENNIFER L</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.651		
Priority creditor's name and mailing address <b>SCOTT,JEANNE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.652		
Priority creditor's name and mailing address <b>SCRIBNER,JUSTIN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.653		
Priority creditor's name and mailing address <b>SCRIBNER,MATTHEW A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.654		
Priority creditor's name and mailing address <b>SELLECK,BRANDON S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.655	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>SELTZ,LAURA</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.656	Priority creditor's name and mailing address <b>SHAMID,SHAZEEDA K</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.657	Priority creditor's name and mailing address <b>SHEEHAN,KATIE</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.658	Priority creditor's name and mailing address <b>SHERWOOD,JOEL M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>TC Hudson Valley Ambulance Corp.</u> Name	Case number (if known)	<u>16-11059 (SMB)</u>
2.659	Priority creditor's name and mailing address <b>SHERWOOD,SUSAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.660	Priority creditor's name and mailing address <b>SHRADER,CHRISTINE M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.661	Priority creditor's name and mailing address <b>SHUSTER,JULIUS W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.662	Priority creditor's name and mailing address <b>SICOTTE,DAVID M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.663		
Priority creditor's name and mailing address <b>SIMS,DAR</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.664		
Priority creditor's name and mailing address <b>SIMURRA,WILLIAM M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.665		
Priority creditor's name and mailing address <b>SKAKEL,KEVIN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.666		
Priority creditor's name and mailing address <b>SLEDZIANOWSKI,ETHAN C</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.667		
Priority creditor's name and mailing address <b>SLISS,LAURENCE G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.668		
Priority creditor's name and mailing address <b>SMALL,BETTY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.669		
Priority creditor's name and mailing address <b>SMALL,RICHARD L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.670		
Priority creditor's name and mailing address <b>SMITH,BRANDON J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.671 Priority creditor's name and mailing address <b>SMITH,LAURA S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.672 Priority creditor's name and mailing address <b>SMITH,MATTHEW</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.673 Priority creditor's name and mailing address <b>SOJA,THOMAS F</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.674 Priority creditor's name and mailing address <b>SOTTILE,ROBERT L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.675 Priority creditor's name and mailing address <b>SPATTA,JENNIFER L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.676 Priority creditor's name and mailing address <b>STAFFORD,LISA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.677 Priority creditor's name and mailing address <b>STAHLI,ROBERT</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.678 Priority creditor's name and mailing address <b>STALLONE,MICHAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.679	Name <b>TC Hudson Valley Ambulance Corp.</b>	
	Priority creditor's name and mailing address <b>STALLONE,MICHAEL A</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.680	Priority creditor's name and mailing address <b>STALTER,GERALD</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.681	Priority creditor's name and mailing address <b>STALTER,SARAH E</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.682	Priority creditor's name and mailing address <b>STANLEY-THOMAS,DIANA L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.683 Priority creditor's name and mailing address <b>STARK,VICTORIA Z</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.684 Priority creditor's name and mailing address <b>STARR,ERIN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.685 Priority creditor's name and mailing address <b>STARTUP,JUSTIN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.686 Priority creditor's name and mailing address <b>STEVENS,BRIAN E</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.687	Name	
	Priority creditor's name and mailing address <b>STORMS,DANIEL P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.688	Priority creditor's name and mailing address <b>STOUGHTON,NICHOLAS P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.689	Priority creditor's name and mailing address <b>STRACQUADANIO,VICTORIA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.690	Priority creditor's name and mailing address <b>STRAKA,PERPETUA N</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.691	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>STRAUSS,MARC B</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.692	Priority creditor's name and mailing address <b>STRIANO,ANTHONY J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.693	Priority creditor's name and mailing address <b>STROPPEL,JASON</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.694	Priority creditor's name and mailing address <b>STUCK,ROBERT J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.695 Priority creditor's name and mailing address <b>STYLES,JAMES D</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.696 Priority creditor's name and mailing address <b>SUAREZ,FELIPE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.697 Priority creditor's name and mailing address <b>SWAIN,MARK R</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.698 Priority creditor's name and mailing address <b>SYLVESTER,CHRISTOPHER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.699		
Priority creditor's name and mailing address <b>SYLVESTER,DANIEL F</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.700		
Priority creditor's name and mailing address <b>SZABO,KEELY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.701		
Priority creditor's name and mailing address <b>TABER,SHELLY A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.702		
Priority creditor's name and mailing address <b>TANG,JIEWEN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.703	Name <b>TC Hudson Valley Ambulance Corp.</b>	
	Priority creditor's name and mailing address <b>TARPLEY,ROBERT S</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.704	Priority creditor's name and mailing address <b>TECK,SCOTT A</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.705	Priority creditor's name and mailing address <b>THABIT,PAAVO</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.706	Priority creditor's name and mailing address <b>THAMSEN,NICHOLAS J</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.707 Priority creditor's name and mailing address <b>THOMAS,CHRISTIANA G</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.708 Priority creditor's name and mailing address <b>THOMAS,GEORGE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.709 Priority creditor's name and mailing address <b>THOMAS,JESSICA L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.710 Priority creditor's name and mailing address <b>THOMPSON,PHILIP B</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.711 Priority creditor's name and mailing address <b>TIFFANY,JUDYTH L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.712 Priority creditor's name and mailing address <b>TINDAL,TAUREAN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.713 Priority creditor's name and mailing address <b>TOBIN,CHRISTOPHER J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.714 Priority creditor's name and mailing address <b>TOKARZ,JEFFREY M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)		
2.715	<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
Priority creditor's name and mailing address <b>TOMASZEWSKI,JEFFREY M</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.716	Priority creditor's name and mailing address <b>TOMLINS,NICOLE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.717	Priority creditor's name and mailing address <b>TOMLINS,RACHEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.718	Priority creditor's name and mailing address <b>TOMPKINS,ANITA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.719 Priority creditor's name and mailing address <b>TOMPKINS,JOSEPH</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.720 Priority creditor's name and mailing address <b>TORRES,DANIEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.721 Priority creditor's name and mailing address <b>TORRES,HAROLD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.722 Priority creditor's name and mailing address <b>TORRES,ISRAEL</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.723 Priority creditor's name and mailing address <b>TORRES,KEVIN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.724 Priority creditor's name and mailing address <b>TOWNSEND,LAMAIL L.</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.725 Priority creditor's name and mailing address <b>TRAINOR,ROBERT S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.726 Priority creditor's name and mailing address <b>TRAVIS,MICHAEL A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.727	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>TRINKA,MELISSA</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.728	Priority creditor's name and mailing address <b>TROVATO,JOSEPH</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.729	Priority creditor's name and mailing address <b>TROY,DANIELLE M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.730	Priority creditor's name and mailing address <b>TRUNCALI,ZACHERY J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.731	<b>TC Hudson Valley Ambulance Corp.</b> Name	
	Priority creditor's name and mailing address <b>TSENG,ANTONY S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.732	Priority creditor's name and mailing address <b>TUREK,MICHAEL W</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.733	Priority creditor's name and mailing address <b>TYSON,SADE</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.734	Priority creditor's name and mailing address <b>UTTER,JILLIAN L</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.735	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>VALEN,KAREN E</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.736	Priority creditor's name and mailing address <b>VALENTIN,MARIA I</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.737	Priority creditor's name and mailing address <b>VALENTINO,VINCENT J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.738	Priority creditor's name and mailing address <b>VAN LEUVEN,DONNA L</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.739	Name <b>TC Hudson Valley Ambulance Corp.</b>	
	Priority creditor's name and mailing address <b>VAN ORD,JESSICA L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.740	Priority creditor's name and mailing address <b>VANBUREN,TODD W</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.741	Priority creditor's name and mailing address <b>VANBUSKIRK,CHRISTOPHER</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.742	Priority creditor's name and mailing address <b>VANDUZER,KRISTI L</b>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.743	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>VARRONE,EILEEN T</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.744	Priority creditor's name and mailing address <b>VAZQUEZ,CARL L</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.745	Priority creditor's name and mailing address <b>VAZQUEZ,EDWIN R</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.746	Priority creditor's name and mailing address <b>VAZQUEZ,NASTASHA</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.747	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>VELEZ,GENEVEIVE L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.748	Priority creditor's name and mailing address <b>VELEZ,JONATHAN B</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.749	Priority creditor's name and mailing address <b>VETTER,CODY J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.750	Priority creditor's name and mailing address <b>VICTORIN,ERIC</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.751	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>VIGLIOTTI,BRIAN J</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.752	Priority creditor's name and mailing address <b>VIOLA,MARIE</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.753	Priority creditor's name and mailing address <b>VITALE,MATTHEW</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.754	Priority creditor's name and mailing address <b>VOLIVA,EVANLOUIS J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.755	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>VON DIETSCH,CHRISTINA R</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.756	Priority creditor's name and mailing address <b>WAGNER,SARAH J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.757	Priority creditor's name and mailing address <b>WAGNER,WILLIAM</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.758	Priority creditor's name and mailing address <b>WALKER,MARY CLAIRE T</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.759	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>WALLACE,RYAN E</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.760	Priority creditor's name and mailing address <b>WARD,KEVIN D</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.761	Priority creditor's name and mailing address <b>WARNER,RICHARD M</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.762	Priority creditor's name and mailing address <b>WEBER,JAMES P</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.763 Priority creditor's name and mailing address <b>WEINER,CHRISTOPHER M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.764 Priority creditor's name and mailing address <b>WEINREICH,BRIAN J</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.765 Priority creditor's name and mailing address <b>WEIRETER,JENNIFER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.766 Priority creditor's name and mailing address <b>WEISSMAN,RACHEL S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.767		
Priority creditor's name and mailing address <b>WEISZ,ELIAZER</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.768		
Priority creditor's name and mailing address <b>WELLS,RICHARD</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.769		
Priority creditor's name and mailing address <b>WELLS,STUART</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.770		
Priority creditor's name and mailing address <b>WERN,FREDERICK</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	16-11059 (SMB)
2.771	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>WEST,BRITTANY L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.772	Priority creditor's name and mailing address <b>WHEELOCK,JAMES H</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.773	Priority creditor's name and mailing address <b>WHITLEY,DANIEL</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.774	Priority creditor's name and mailing address <b>WILLIAMS,TIFFANY J</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.775	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>WILSON,JEANINE M</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.776	Priority creditor's name and mailing address <b>WILSON,JOYCE A</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.777	Priority creditor's name and mailing address <b>WINKLER,KIMBERLY</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.778	Priority creditor's name and mailing address <b>WIPPLINGER,ALVIN C</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	16-11059 (SMB)
2.779	Name <b>TC Hudson Valley Ambulance Corp.</b>	
Priority creditor's name and mailing address <b>WITKOWSKI,CHRISTINE L</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.780	Priority creditor's name and mailing address <b>WITKOWSKI,MICHAEL S</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.781	Priority creditor's name and mailing address <b>WOOD,JOHN F</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.782	Priority creditor's name and mailing address <b>WOOD,LUCIUS W</b>	
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Case number (if known)	
<b>TC Hudson Valley Ambulance Corp.</b> Name	<b>16-11059 (SMB)</b>	
2.783 Priority creditor's name and mailing address <b>WOOD,SPENCER A</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.784 Priority creditor's name and mailing address <b>YAKLE II,JOHN T</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.785 Priority creditor's name and mailing address <b>YONNONE,MARK</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.786 Priority creditor's name and mailing address <b>YURUS,COLLEEN M</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>TC Hudson Valley Ambulance Corp.</b>	Case number (if known)	<b>16-11059 (SMB)</b>
Name			
2.787	Priority creditor's name and mailing address <b>ZAMBRANO,ANDREA K</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.788	Priority creditor's name and mailing address <b>ZIELINSKI,MELYSA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.789	Priority creditor's name and mailing address <b>ZINAS,TASO</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown \$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>Part 2: List All Creditors with NONPRIORITY Unsecured Claims</b>			
3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.			
3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>Part 3: List Others to Be Notified About Unsecured Claims</b>			
4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.			
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.			
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<b>Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims</b>			

Debtor TC Hudson Valley Ambulance Corp.  
Name \_\_\_\_\_

Case number (if known) 16-11059 (SMB)

5. Add the amounts of priority and nonpriority unsecured claims.

The books and records do not reflect debts specifically accounted for by this entity.

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ <u>0.00</u>

5b. Total claims from Part 2

5b.	+ \$ <u>0.00</u>
-----	------------------

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.	\$ <u>0.00</u>
-----	----------------

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 16-11059 (SMB)

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

See Exhibits A & K

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORKCase number (if known) 16-11059 (SMB) Check if this is an amended filing

## Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	TC Ambulance Corporation, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-11058 SMB		<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____
2.2	TC Ambulance Group, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10410 SMB		<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____
2.3	TC Ambulance North, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10416 SMB		<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____
2.4	TC Billing and Services Corp.	1 MetroTech Center Brooklyn, NY 11201 16-10413 SMB		<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____
2.5	TCBA Ambulance, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10412 SMB		<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____

**Debtor** **TC Hudson Valley Ambulance Corp.**

Case number (if known) 16-11059 (SMB)

**| Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

<b>Column 1: Codebtor</b>	<b>Column 2: Creditor</b>
---------------------------	---------------------------

	Name	Mailing Address	Name	Check all schedules that apply:
2.6	TransCare Corporation	1 MetroTech Center Brooklyn, NY 11201 16-10407 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	TransCare Harford County, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10417 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	TransCare Management Svcs. Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10411 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	TransCare Maryland, Inc.	1125 Desoto Road Baltimore, MD 21223 16-10415 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	TransCare ML, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10409 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	TransCare New York, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10408 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.12	TransCare Pennsylvania, Inc.	400 Seco Road Monroeville, PA 15146 16-11057 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	TransCare Westchester, Inc.	1 MetroTech Center Brooklyn, NY 11201 16-10414 SMB		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name TC Hudson Valley Ambulance Corp.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 16-11059 (SMB)

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None. See TransCare Corp. (Case # 16-10407 SMB) Form 207

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and  
exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None. See TransCare Corp. (Case # 16-10407 SMB) Form 207

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None. See TransCare Corp. (Case # 16-10407 SMB) Form 207

Insider's name and address  
Relationship to debtor

Dates

Total amount of value

Reasons for payment or transfer

##### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor TC Hudson Valley Ambulance Corp.

Case number (*if known*) 16-11059 (SMB)

None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None. See Exhibit C

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.		
	List unpaid claims on Official Form 106A/B (Schedule A/B: Assets ~ Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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**12. Self-settled trusts of which the debtor is a beneficiary**

Debtor TC Hudson Valley Ambulance Corp.

Case number (if known) 16-11059 (SMB)

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	----------------------------------------------------------------------------------	---------------------------------------------------------------------------

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained.

See TransCare Corp. (Case # 16-10407 SMB) Form 207

Does the debtor have a privacy policy about that information?

No

Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator? See TransCare Corp. (Case # 16-10407 SMB) Form 207

No Go to Part 10.

Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor TC Hudson Valley Ambulance Corp.

Case number (*if known*) 16-11059 (SMB)

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or Instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None See TransCare Corp. (Case # 16-10407 SMB) Form 207

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.  
 Yes. Provide details below.

Debtor TC Hudson Valley Ambulance Corp.

Case number (*if known*) 16-11059 (SMB)

<b>Site name and address</b>	<b>Governmental unit name and address</b>	<b>Environmental law, if known</b>	<b>Date of notice</b>
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.  
 Yes. Provide details below.

<b>Site name and address</b>	<b>Governmental unit name and address</b>	<b>Environmental law, if known</b>	<b>Date of notice</b>
------------------------------	-------------------------------------------	------------------------------------	-----------------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None See TransCare Corp. (Case # 16-10407 SMB) Form 207

<b>Business name address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
------------------------------	--------------------------------------------	-----------------------------------------------------------------------------------------

**Dates business existed**

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None See TransCare Corp. (Case # 16-10407 SMB) Form 207

<b>Name and address</b>	<b>Date of service From-To</b>
-------------------------	--------------------------------

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None See TransCare Corp. (Case # 16-10407 SMB) Form 207

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None See TransCare Corp. (Case # 16-10407 SMB) Form 207

<b>Name and address</b>	<b>If any books of account and records are unavailable, explain why</b>
-------------------------	-------------------------------------------------------------------------

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- None See TransCare Corp. (Case # 16-10407 SMB) Form 207

**Name and address**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No  
 Yes. Give the details about the two most recent inventories.

<b>Name of the person who supervised the taking of the inventory</b>	<b>Date of inventory</b>	<b>The dollar amount and basis (cost, market, or other basis) of each inventory</b>
----------------------------------------------------------------------	--------------------------	-------------------------------------------------------------------------------------

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

See TransCare Corp. (Case # 16-10407 SMB) Form 207

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

TC Hudson Valley Ambulance Corp.Case number (if known) 16-11059 (SMB)

- No See TransCare Corp. (Case # 16-10407 SMB) Form 207  
 Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No See TransCare Corp. (Case # 16-10407 SMB) Form 207  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	------------------------------------------------------	-------	--------------------------------

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- No  
 Yes. Identify below.

Name of the parent corporation  TransCare Corporation and Subsidiaries	Employer Identification number of the parent corporation  EIN: 75-2528381
------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No  
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

**Part 14: Signature and Declaration**

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.**

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2017

s/ Salvatore LaMonica, as Trustee  
Signature of individual signing on behalf of the debtor

s/ Salvatore LaMonica, as Trustee  
Printed name

Position or relationship to debtor \_\_\_\_\_

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

**TransCare Corporation**  
Exhibit A - Leased Locations  
Form 206, Part 9, Line 54

Landlord	Location	Entity Name
First New York Partners Management, LLC	1 MetroTech Center, Brooklyn, NY 11201	TransCare Corporation TransCare New York, Inc. TransCare ML, Inc. TC Ambulance Group, Inc. TransCare Management Services, Inc. TCBA Ambulance, Inc. TC Billing and Services Corp. TransCare Westchester, Inc. TC Ambulance North, Inc. TransCare Harford County, Inc. TC Ambulance Corporation
Milea Associates I, LLC	25 14th Street, Brooklyn, NY 11215	TransCare New York, Inc.
SEZ Foster, LLC	106-15 Foster Ave., Brooklyn, NY 11234	TransCare New York, Inc.
Selar Realty Corp.	295 Stanley Ave., Brooklyn, NY 11207	TransCare New York, Inc.
Fulton Realty Partners, LLC	718 S. Fulton Avenue, Mt. Vernon, NY 10550	TransCare New York, Inc.
1125 Desoto Road, LLC	1125 Desoto Road, Baltimore, MD 21223	TransCare Maryland, Inc.
Technology Properties 1, LLC	400 Seco Road, Monroeville, PA 15146	TransCare Pennsylvania, Inc.
Herbert Redl	10 South White Street, Poughkeepsie, NY 12602	TC Hudson Valley Ambulance Corp.

**Exhibit B is not applicable for  
TC Hudson Valley Ambulance Corp.**

Form 207, Part 3, Line 7



## New York State Unified Court System



### WebCivil Local - Case Search Results

19 Case(s) Match Your Search. Page 1 of 1 pages

[\[New Search\]](#) [\[Edit Search\]](#)

Please click the number in the first column or the Index number to view case details.

Court	Index Number	Case Status	Plaintiff	Plaintiff Firm	Defendant	Defendant Firm	Appearance Date	Judge/Part
1 Beacon City Court	<a href="#">CV-000587-11/BE</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	SUSAN JESSUP			Clerk's Office
2 Bronx County Civil Court	<a href="#">CV-059826-01/BX</a>	Disposed	TC AMBULANCE CORP.	ADAM S. ZAHL PC	EVA TURNER			
3 Kings County Civil Court	<a href="#">CV-076819-01/KI</a>	Disposed	TC AMBULANCE CORP	ADAM S. ZAHL, P.C.	MARK HELLER			
4 Kings County Civil Court	<a href="#">CV-020997-08/KI</a>	Active	WAYNE R. CLARKE	POPS AND ASSOCIATES	ATU Insurance Company	Law Offices of Bryan M Rothenberg	11/12/2013	Honorable Devin P. Cohen M Part 40 - Procedural No Fault Motions
5 Kings County Civil Court	<a href="#">CV-075383-08/KI</a>	Active	HONG-BO CHEN LEE	POPS AND ASSOCIATES	COUNTRY WIDE INSURANCE COMPANY	Jaffe & Koumourdas & Mohavicka, LLP		
6 Port Jervis City Court	<a href="#">CV-000017-12/PJ</a>	Disposed	TC Hudson Valley Ambulance Corp	Paul L. Marks, Esq.	Fred Degroat			Honorable Victoria B. Campbell
7 Poughkeepsie City Court	<a href="#">CV-003551-11/PO</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	JOEL SENATE			Honorable Katherine A. Moloney
8 Poughkeepsie City Court	<a href="#">CV-003552-11/PO</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	ANNE MATTHEWS		11/19/2012	Honorable Katherine A. Moloney Civil
9 Poughkeepsie City Court	<a href="#">CV-003555-11/PO</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	ROBERT FRAME			Honorable Katherine A. Moloney
10 Poughkeepsie City Court	<a href="#">CV-003566-11/PO</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	MICHAEL MILLER			Honorable Katherine A. Moloney
11 Poughkeepsie City Court	<a href="#">CV-003740-11/PO</a>	Disposed	ORTHOPEDIC ASSOC OF DUTCHESS CTY PC	Paul L. Marks	RODNEY ADDINGTON			Honorable Katherine A. Moloney
12 Poughkeepsie City Court	<a href="#">CV-000601-13/PO</a>	Disposed	TC Hudson Ambulance Corp	Paul L. Marks	Christopher Licurse			Honorable Frank M. Mora
13 Poughkeepsie City Court	<a href="#">CV-001186-13/PO</a>	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	JOHN ORGOCH			Honorable Katherine A. Moloney
	<a href="#">CV-003276-13/PO</a>	Disposed						

14	Poughkeepsie City Court		TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	Timothy West			Honorable Katherine A. Moloney
15	Poughkeepsie City Court	CV-000802-14/PO	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	JULIUS RAYMOND		Honorable Frank M. Mora
16	Poughkeepsie City Court	CV-002185-14/PO	Disposed	TC HUDSON VALLEY AMBULANCE CORP	Paul L. Marks	MARK NIVER		Honorable Katherine A. Moloney
17	Poughkeepsie City Court	CV-000961-15/PO	Disposed	TC HUDSON VALLEY AMBULANCE CORP,	Paul L. Marks	MICHAEL BOYER		Honorable Katherine A. Moloney
18	Poughkeepsie City Court	CV-000962-15/PO	Disposed	TC HUDSON VALLEY AMBULANCE CORP,	Paul L. Marks	GARRY FORSYTH		Honorable Katherine A. Moloney
19	Queens County Civil Court	CV-079993-01/OU	Disposed	TC AMBULANCE CORPORATION		ELMA JONES		

[New Search] [Edit Search]

## Appellate Courts Docket Sheets

Recent entries made in the court filing offices may not be immediately reflected on these docket sheets. Neither the courts of the Unified Judicial System of the Commonwealth of Pennsylvania nor the Administrative Office of Pennsylvania Courts assumes any liability for inaccurate or delayed data, errors or omissions on these docket sheets. Docket sheet information should not be used in place of a criminal history background check, which can only be provided by the Pennsylvania State Police. Employers who do not comply with the provisions of the Criminal History Record Information Act (18 Pa.C.S. Section 9101 et seq.) may be subject to civil liability as set forth in 18 Pa.C.S. Section 9183.

The webpage you are viewing is operated and maintained by Pennsylvania's Unified Judicial System as a source of public information. The webpage is not affiliated with any search system for public records provided by private organizations for which fees may be incurred. The ability to search for and review information contained in these web docket sheets is a free public service.

Select a Docket Sheet Search Type from the dropdown (*default search type is by Docket Number*)

Search Type: [Court Name ▾]

Enter the desired search criteria and click Search (available search criteria changes based upon the type selected above)

\* Court Name: [Supreme ▾]

and any combination of

District: [ ] ▾

Docket Type: [ ] ▾

Case Category: [ ] ▾

Case Type: [ ] ▾

Agency: [ ] ▾

Organization Name: TC Hudson Valley

Party Last Name:

Party First Name:

Attorney Last Name:

Attorney First Name:

Trial Court County: [ ] ▾

Trial Court Judge: [ ] ▾

Case Status: [ ] ▾

Date Filed: [ / / ] through [ / / ]

[No Records Found]

## Appellate Courts Docket Sheets

Recent entries made in the court filing offices may not be immediately reflected on these docket sheets. Neither the courts of the Unified Judicial System of the Commonwealth of Pennsylvania nor the Administrative Office of Pennsylvania Courts assumes any liability for inaccurate or delayed data, errors or omissions on these docket sheets. Docket sheet information should not be used in place of a criminal history background check, which can only be provided by the Pennsylvania State Police. Employers who do not comply with the provisions of the Criminal History Record Information Act (18 Pa.C.S. Section 9101 et seq.) may be subject to civil liability as set forth in 18 Pa.C.S. Section 9183.

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Select a Docket Sheet Search Type from the dropdown (*default search type is by Docket Number*)

Search Type: Court Name ▼

Enter the desired search criteria and click Search (available search criteria changes based upon the type selected above)

\* Court Name: Superior ▼

and any combination of

District: ▼

Docket Type: ▼

Case Category: ▼

Case Type: ▼

Agency: ▼

Organization Name: TC Hudson Valley

Party Last Name:

Party First Name:

Attorney Last Name:

Attorney First Name:

Trial Court County: ▼

Trial Court Judge: ▼

Case Status: ▼

Date Filed: / / through / /

No Records Found

## Appellate Courts Docket Sheets

Recent entries made in the court filing offices may not be immediately reflected on these docket sheets. Neither the courts of the Unified Judicial System of the Commonwealth of Pennsylvania nor the Administrative Office of Pennsylvania Courts assumes any liability for inaccurate or delayed data, errors or omissions on these docket sheets. Docket sheet information should not be used in place of a criminal history background check, which can only be provided by the Pennsylvania State Police. Employers who do not comply with the provisions of the Criminal History Record Information Act (18 Pa.C.S. Section 9101 et seq.) may be subject to civil liability as set forth in 18 Pa.C.S. Section 9183.

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Select a Docket Sheet Search Type from the dropdown (*default search type is by Docket Number*)

Search Type:

Enter the desired search criteria and click Search (available search criteria changes based upon the type selected above)

\* Court Name:

and any combination of

District:

Docket Type:

Case Category:

Case Type:

Agency:

Organization Name: TC Hudson Valley

Party Last Name:

Party First Name:

Attorney Last Name:

Attorney First Name:

Trial Court County:

Trial Court Judge:

Case Status:

Date Filed:  through

**Exhibit D is not applicable for  
TC Hudson Valley Ambulance Corp.**

**EXHIBIT E**

<b>CERTIFICATE OF NEED NUMBER (the "CON(s)")<sup>1</sup></b>	<b>TITLE HOLDER</b>	<b>CASE NUMBER</b>
CON 164	TransCare New York, Inc.	16-10408
CON 470	TransCare Westchester, Inc.	16-10414
CON 508	TC Ambulance Group Inc.	16-10410
CON 509	TC Ambulance North Inc.	16-10416
CON 510	TC Ambulance Corp.	16-11058
CON 574	TCBA Ambulance Inc.	16-10412
CON 667	TC Hudson Valley Ambulance Corp.	16-11059

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<sup>1</sup> The CONs are carried in the books and records of TransCare New York, Inc. (Case # 16-10408 SMB) in the aggregate amount of \$4,825,000. The books and records reviewed to date contain no detailed information. The CONs sold post-petition for the aggregate amount of \$12,250,000 at a public auction sale pursuant to an Order (I) Approving Terms and Conditions of Sale between the Trustee and Maler Group LLC; (II) Approving a Break-Up Fee; (III) Approving Competing Term and Conditions of Sale; (IV) Approving a Carve-Out from Secured Liens for the Benefit of the Debtors' Estates; (V) Scheduling the Time, Date and Place for the Solicitation of Higher or Better Offers; (VI) Approving the Form and Manner of Notice of Sale; and (VII) Scheduling a Hearing to Confirm the Results of the Sale of the Debtors' Ambulance Service Certificates Issued by the New York State Department of Health entered by the Court on June 3, 2016 [Docket No. 159].

**Exhibit F is not applicable for  
TC Hudson Valley Ambulance Corp.**

**Exhibit G is not applicable for  
TC Hudson Valley Ambulance Corp.**

TC Hudson Valley Ambulance  
 Exhibit H - Vehicles  
 Form 206, Part 10

Vin #	Make/Model	Debtor
1FDWE35P89DA80278	Ford E350	TC Hudson Valley Ambulance Corp.
1FDXE45FX1HA04737	2001 Ford E350	TC Hudson Valley Ambulance Corp.
1FDXE40F6XHB89529	1999 Ford E-450 Superduty	TC Hudson Valley Ambulance Corp.
1GCHG392871148292	Chevrolet	TC Hudson Valley Ambulance Corp.
1GCHG392671159520	2007 Chevrolet Express	TC Hudson Valley Ambulance Corp.
1GBHG396X71241922	2007 Chevrolet Express	TC Hudson Valley Ambulance Corp.
1GBHG396671241593	2007 Chevrolet Express	TC Hudson Valley Ambulance Corp.
1FDSS34P89DA06187	2009 Ford E350	TC Hudson Valley Ambulance Corp.
1FMEU7DE2AUA36982	2010 Ford Explorer	TC Hudson Valley Ambulance Corp.
1FMEU7DB6AUA36984	2010 Ford Explorer	TC Hudson Valley Ambulance Corp.
1FDXB45P19DA85820	2009 Ford E-450 Superduty	TC Hudson Valley Ambulance Corp.
1FDSS34P79DA21201	2009 Ford E350	TC Hudson Valley Ambulance Corp.
1FDSS34P69DA06186	2009 Ford E350	TC Hudson Valley Ambulance Corp.
1FDSS34P79DA93516	2009 Ford E350	TC Hudson Valley Ambulance Corp.
1FDWE35P79DAA88100	Ford E350	TC Hudson Valley Ambulance Corp.
1FDWE35P99DA88101	2009 Ford E350	TC Hudson Valley Ambulance Corp.
1FM5K8B81EGB14309	Unknown	TC Hudson Valley Ambulance Corp.
1FDSS3ELXDBB15142	Unknown	TC Hudson Valley Ambulance Corp.
1FDSS3EL9DDB15181	Unknown	TC Hudson Valley Ambulance Corp.
1FM5K8B86EGA72445	Unknown	TC Hudson Valley Ambulance Corp.
1FDSS3EL7DDA92113	Unknown	TC Hudson Valley Ambulance Corp.

**General Note:** The book value of vehicles for TC Hudson Valley Ambulance (Case # 16-11059 SMB) is unknown. The books and records reviewed to date contain no detailed information. The vehicles sold post-petition for the aggregate amount of \$54,700 at a public auction sale pursuant to an Order (I) Approving the Stipulation Respecting the Sale of Certain Property; (II) Authorizing the Public Auction Sales of Certain Personal Property; (III) Approving the Sale and Notice Terms for the Public Auction Sales of Certain Personal Property; (IV) Approving the Sale of Certain Personal Property, Free and Clear of all Liens, Claims and Encumbrances, Security Interest and Other Interests to the Successful Bidder at the Public Auction Sales; (V) Approving the Employment of Maltz Auction Inc. as Auctioneer to Market and Publicly Auction Certain Personal Property; (VI) Authorizing the Trustee to Donate or Otherwise Dispose of certain De Minimus Personal Property; and (VII) Granting Related Relief entered on March 25, 2016 [Docket No. 52].

**Exhibit I is not applicable for  
TC Hudson Valley Ambulance Corp.**

**Exhibit J is not applicable for  
TC Hudson Valley Ambulance Corp.**

Name of Other Party	Address	Description of Contract or Lease
1 About Feet Podiatry Center	142 John Robert Thomas Drive, Exton, PA 19341	Ambulance Transportation Services Agreement
2 Abramson Center for Jewish Life	1425 Horsham Road, N. Wales, PA 19454	Ambulance Transportation Services Agreement
3 Access2Care, LLC	2500 Abbott Place, St. Louis, MO 63143	Ambulance Transportation Services Agreement
4 ACTS Retirement-Life Communities	375 Morris Road, P.O. Box 90, West Point, PA 19486	Ambulance Transportation Services Agreement
5 Aetna Health, Inc.	2201 Renaissance Blvd., King of Prussia, PA 19406	Ancillary Services Agreement
6 Affinity Health Plan, Inc.	2500 Halsey Street, Bronx, NY 10461	Healthcare/Insurance Services Agreement
7 Air Ambulance 1	9660 Hillcroft St. #708, Houston, TX 77096	Ambulance Transportation Services Agreement
1 Alamo Ambulance Service, Inc.	45 Readie Place, Poughkeepsie, NY 12601	Ambulance Services
2 Ambler Healthcare Group, LLC	32 South Bethlehem Pike, Ambler, PA 19002	Ambulance Transportation Services Agreement
3 American Association of Physicians in Medicine	One Physics Ellipse, College Park, MD 20740	Ambulance Transportation Services Agreement
4 American Medical Alert Corp.	36-36 53rd Street, Long Island City, NY 11106	Personal Emergency Response Systems and complementary devices Installation and Services Agreement
5 American Occupational Therapy Association	4720 Montgomery Ln, Bethesda, MD 20814	Ambulance Transportation Services Agreement
6 Anne Arundel Medical Center	2001 Medical Parkway, Annapolis, MD 21401	Ambulance Services Agreement
7 Aria Health System	Knights and Red Lion Road, Philadelphia, PA 19114	Ambulance Transportation Services Agreement
8 Baltimore County, Maryland	6401 York Road, 3rd Floor, Towson, MD 21204	Wheelchair and Ambulance Transportation Services
9 Beebe Medical Center	424 Savannah Road, Lewes, DE 19958	Ambulance Transportation Services Agreement
10 Beth Israel Medical Center	First Avenue at 16th Street, New York, NY 10003	Ambulance Transportation Services Agreement
11 Brandywine Hospital	201 Reecerville Road, Coatesville, PA 19320	Ambulance Transportation Services Agreement
12 Brandywine River Valley Home and Hospice	121 Ball Tower Lane, Oxford, PA 19263	Ambulance Transportation Services Agreement
13 Bronx-Lebanon Hospital Center	1276 Fulton Avenue, Bronx, NY 10457	Ambulance Transportation Services Agreement
14 Brooke Glen Behavioral Hospital	7170 J.Lafayette Avenue, Fort Washington, PA 19034	Ambulance Transportation Services Agreement
15 BroomeL Presbyterian Village	146 Maple Road, Broomall, PA 19008	Ambulance Transportation Services Agreement
16 Cadia Boardmeadow Nursing & Rehab	500 South Broad Street, Middletown, DE 19709	Ambulance Transportation Services Agreement
17 Cathedral Village	60 E Cathedral Road, Philadelphia, PA 19128	Ambulance Transportation Services Agreement
18 Chapel Hill Nursing Home	1602 E Franklin St, Chapel Hill, NC 27514	ALS/BLS Ambulance Services
19 Chartstown Community, Inc.	715 Maiden Choice Ln, Catonsville, MD 21228	Ambulance Transportation Services Agreement
20 Chester County Department of Mental Health	601 Westtown Road, Suite 240, PO Box 2747, West Chester, PA 19380	Ambulance Transportation Services Agreement
21 Chester County Emergency Medical Services Council	601 Westtown Road, Suite 012, PO Box 2747, West Chester, PA 19380	Ambulance Transportation Services Agreement
22 Chester Valley Rehabilitation	283 Lancaster Avenue, Paoli, PA 19301	Ambulance Transportation Services Agreement
23 Chestnut Hill Hospital	8835 Germantown Hospital, Philadelphia, PA 19118	Ambulance Transportation Services Agreement
24 Christina Care Health Services	4755 Ogletown-Stanton Road, P.O. Box 6001, Newark, DE 19718	Ambulance Transportation Services Agreement
25 CHS Health Services, Inc.	10701 Parkridge Blvd., Suite 200, Reston, VA 20191	Ambulance Transportation Services Agreement
26 Churchman Village	4949 Ogletown-Stanton Road, Newark, DE 19713	Ambulance Transportation Services Agreement
27 Citizens Care & Rehabilitation Center	415 S. Market Street, Havre de Grace, MD 21078	Wheelchair and Ambulance Transportation Services
28 City of White Plains	255 Main Street, White Plains, NY 10601	Ambulance Transportation Services Agreement
29 Communicare Family of Companies	4700 Ashwood Drive, Suite 200, Cincinnati, OH 45241	Ambulance Transportation Services Agreement
30 Compassionate Care Hospice	3331 Street Road, Suite 410, Bensalem, PA 19020	Ambulance Transportation Services Agreement
31 Correct Care Solutions	3343 Perimeter Hill Drive, Suite 300, Nashville, TN 37211	Ambulance Transportation Services Agreement
32 Coventry Health Care of Delaware, Inc.	2751 Centerville Road, Little Falls Center II, Suite 400, Wilmington, DE 19808	Ambulance Transportation Services Agreement
33 Deer Meadows Retirement Community	8301 Roosevelt Blvd, Philadelphia, PA 19152	Ambulance Transportation Services Agreement
34 Delaware Hospice, Inc.	3515 Silverside Road, Wilmington, DE 19810	Ambulance Transportation Services Agreement
35 Delaware Sleep Disorder Centers, LLC	200 Hygeia Drive, Suite 300, Newark, DE 19713	Ambulance Transportation Services Agreement
36 Department of Correctional Services	1220 Washington Avenue, Albany, NY 12226	ALS/BLS Ambulance Services
37 DuPont Hospital for Children of the Nemours Foundation	1600 Rockland Rd, Wilmington, DE 19803	Ambulance Transportation Services Agreement
38 Elder Health Pennsylvania, Inc.	745 6th Street, Brooklyn, NY 11220	Ancillary Provider Agreement
39 Ellicott City Health & Rehabilitation Center	4700 Ashwood Drive, Suite 200, Cincinnati, OH 45241	Medical Transportation Agreement
40 Empire Healthchoice HMO, Inc./Empire Healthcare Assurances, Inc.	One Liberty Plaza, New York, NY 10006	Healthcare/Insurance Services Agreement
41 Express Medical Transporters	1530 Caton Center Drive, Baltimore, Maryland 21227	Wheelchair and Ambulance (non-emergency) Transportation Services
42 Fairfield Nursing and Rehabilitation Center	1454 Fairfield Loop Rd, Crownsville, MD 21032	Ambulance Transportation Services Agreement
43 Fairmount Behavioral Health System	561 Fairmount Avenue, Philadelphia, PA 19128	Ambulance Transportation Services Agreement
44 FIELDHOME	2300 Catherine Street, Corlant Manor, NY 10567	Business Associate Agreement
45 First to Care Homecare, Inc.	6323 Seventh Avenue, Brooklyn, NY 11220	Ambulance Transportation Services Agreement
46 Forest Hills Health and Rehabilitation Center	109 Forest Valley Drive, Forest Hill, MD 21050	Ambulance Transportation Services Agreement
47 Franklin Square Hospital Center, Inc.	9000 Franklin Square Drive, Baltimore, MD 21237	Ambulance Services Agreement

TransCare Corporation  
Exhibit K • Executory Contracts  
Schedule G: Executory Contracts and Unexpired Leases

Name of Other Party	Address	Description of Contract or Lease
48 Freestate Transportation LLC	1037 Nursery Road, Lithonia Heights, Maryland 21090	Wheelchair and Ambulance (non-emergency) Transportation Services
49 Friends Hospital	4641 Roosevelt Blvd., Philadelphia, PA 19124	Ambulance Transportation Services Agreement
50 Gateway International & EMS LLC	1345 A St. NE, Washington DC 20002	Medical Transportation Agreement
51 Genesis Health Center Sevenoak Park	310 Genesis Way, Sevenoak Park, MD 21146	ALS/BLS Ambulance Services
52 Genesis Heritage	7232 German Hill Rd., Baltimore, MD 21222	ALS/BLS Ambulance Services
53 Genesis Knollwood	899 Cecil Ave., Millersville, MD 21108	Ambulance Services Agreement
54 Glen Mills Senior Living	242 Baltimore Pike, Glen Mills, PA 19342	Ambulance Transportation Services Agreement
55 Glynn Taft	5741 Edmondson Ave., Catonsville, MD 21228	Ambulance Transportation Services Agreement
56 Great Valley Health & Life Jefferson Health Ambulance	2 Industrial Blvd, Suite 102, Paoli, PA 19301	Ambulance, wheelchair and other emergency medical transportation services
57 Group Health Incorporated	441 Ninth Avenue, New York, NY 10001	Healthcare/Insurance Services Agreement
58 Hartford County Health Department	120 South Hays Street, Suite 100, Bel Air, Maryland 21014	Ambulance Services Agreement
59 HCR-ManorCare at Pottstown	724 N Charlotte Street, Pottstown, PA 19464	Ambulance Transportation Services Agreement
60 Health Net Federal Services LLC	2107 Wilson Blvd., Arlington, VA 22201	Ancillary Provider Agreement
61 Heartland Hospice	5 Cherry Drive, Ste. 103, Chadds Ford, PA 19317	Ambulance Transportation Services Agreement
62 Hillside Center	810 South Broad Street, Wilmington, DE 19805	ALS/BLS Ambulance Services
63 Holly Hill Manor	531 Stevenson Ln., Towson, MD 21286	Ambulance Transportation Services Agreement
64 Holy Family Home	5300 Chester Avenue, Philadelphia, PA 19143	Ambulance Transportation Services Agreement
65 Home Care Hospice	1810 Grant Avenue, Philadelphia, PA 19115	Ambulance Transportation Services Agreement
66 Hospice & Palliative Care of Westchester	311 North Street, Suite 204, White Plains, NY 10605	Ambulance Transportation Services Agreement
67 Hospice of North Penn VNA	51 Medical Campus, Lansdale, PA 19446	Ambulance Transportation Services Agreement
68 Hospice of Philadelphia	3300 Henry Ave., Philadelphia, PA 19129	Ambulance Transportation Services Agreement
69 Hospice of the Chesapeake	445 Defense Highway, Annapolis, MD 21401	Ambulance Services Agreement
70 Hudson Valley Hospital Center	1980 Campion Road, Cortland Manor, NY 10367	Ambulance Transportation Services Agreement
71 Injury Care Center	901 West Ashland Avenue, Glenolden, PA 19036	Ambulance Transportation Services Agreement
72 Im at Freedom Village	15 Freedom Blvd., West Brandwynne, PA 19320	Ambulance Transportation Services Agreement
73 Jacob Perlow Hospice	39 Broadway, New York, NY 10006	Ambulance Transportation Services Agreement
74 Jemers Pond	2000 Greenbriar Lane, West Grove, PA 19390	Ambulance Transportation Services Agreement
75 Jenkintown Regional Hospital	1015 W. Baltimore Pike, West Grove, PA 19390	Ambulance Transportation Services Agreement
76 John Hopkins Healthcare, LLC	6704 Curtis Court, Glen Burnie, MD 21060	Ancillary Provider Agreement
77 Keystone Center	2001 Providence Road, Chester, PA 19013	Ambulance Transportation Services Agreement
78 Life Choice Hospice	200 Dryden Road, Suite 3500, Drexler, PA 19025	Ambulance Transportation Services Agreement
79 LifeBridge Health, Inc.	2401 W Belvedere Ave., Baltimore, MD 21215	Medical Transportation Agreement
80 Lighthouse Hospice	1040 Kings Highway, Suite 100, Cherry Hill, NJ 08034	Ambulance Transportation Services Agreement
81 Lutheran Medical Center	150 55th Street, Brooklyn, NY 11220	Billing Services Agreement
82 Main Line Health, Inc.	130 South Bryn Mawr Avenue, 2nd Floor, Bryn Mawr, PA 19010	Business Associate Agreement
83 Main Line Hospitals, Inc.	130 South Bryn Mawr Avenue, 2nd Floor, Bryn Mawr, PA 19010	Paratransit Services
84 Manor Care of Pike Creek	5651 LimeStone Road, Wilmington, DE 19808	Ambulance Transportation Services Agreement
85 Marley Nock Nursing Center	P.O. Box 91, Riderwood, Maryland 21139	Wheelchair and Ambulance (non-emergency) Transportation Services
86 Maryland General Hospital	827 Linden Ave., Baltimore, MD 21060	ALS/BLS Ambulance Services
87 Maryland Psychiatric Research Center	220 Arch Street Rm. 02123, Baltimore, MD 21201	Ambulance Transportation Services Agreement
88 Maryland Transit Administration	6 Saint Paul Street, Baltimore, MD 21202	Ambulance Services Agreement
89 Meadowood Hospital	575 South DuPont Highway, New Castle, DE 19720	Ambulance Transportation Services Agreement
90 Med-Care I.C.	P.O. Box 91, Riderwood, Maryland 21139	Ambulance Transportation Services Agreement
91 Memorial Home Health and Hospice Services	390 N Broadway, Pennsville, NJ 08070	Ambulance Transportation Services Agreement
92 Mercy Medical Center	301 St Paul Pl., Baltimore, MD 20212	Ambulance Services Agreement
93 Metropolitan Jewish Home Care	6323 Seventh Avenue, Brooklyn, NY 11220	Ambulance Transportation Services Agreement
94 MIG Nursing Home Company	6323 Seventh Avenue, Brooklyn, NY 11220	Ambulance Transportation Services Agreement
95 MIG St. Mary's Metropolitan Home Care	6323 Seventh Avenue, Brooklyn, NY 11220	Ambulance Transportation Services Agreement
96 MonteForte Medical Center	111 East 210th Street, Bronx, NY 10467	Ambulance Transportation Services Agreement
97 Mount Sinai Hospital	One Gustave L. Levy Place, New York, NY 10029	Healthcare Services Agreement
98 MultiPlan, Inc.	115 Fifth Avenue, New York, NY 10003	Ancillary Provider Agreement
99 MVP Health Plan, LLC	1 Summit Ct # 200, Fishkill, NY 12524	Ambulance Transportation Services Agreement
100 Narcotics Anonymous	1937 Nordhoff Place, Chatsworth, CA 91311	Ambulance Transportation Services Agreement
101 National Nursing Centers Consortium	260 South Broad Street, 18th Floor, Philadelphia, PA 19102	Ambulance Transportation Services Agreement

TransCare Corporation  
 Exhibit K - Executory Contracts  
 Schedule G: Executory Contracts and Unexpired Leases

Name of Other Party	Address	Description of Contract or Lease
102 Neighborhood Health Agencies, Inc.	795 East Marshall Street, West Chester, PA 19380	Ambulance Transportation Services Agreement
103 New York City Transit Authority	2 Broadway, New York, NY 10004	Transportation Services (Access-A-Ride Paratransit Trans. Service)
104 New York University Hospitals Center	560 First Avenue, TH 1814, New York, NY 10016	Ambulance Transportation Services Agreement
105 Newark Manor	254 West Main Street, Newark, DE 19711	Ambulance Transportation Services Agreement
106 North Philadelphia Health System	16th & Girard Avenue, Philadelphia, PA 19130	Ambulance Transportation Services Agreement

TransCare Corporation  
Exhibit K - Executory Contracts  
Schedule G: Executory Contracts and Unexpired Leases

Name of Other Party	Address	Description of Contract or Lease
107 Oakland Manor	5430 Vantage Point Rd, Columbia, MD 21044	ALS/BLS Ambulance Services
108 Oakwood Healthcare and Rehabilitation Center	2109 Red Lion Rd, Philadelphia, PA 19115	Ambulance Transportation Services Agreement
109 One Call Medical Transports	3815 E. Main Street, Suite C, St. Charles, IL 60174	Medical Transportation Agreement
110 Park Pleasant	4712 Chester Avenue, Philadelphia, PA 19143	Ambulance Transportation Services Agreement
111 Paul's Run	9896 Bustleton Avenue, Philadelphia, PA 19115	Ambulance Transportation Services Agreement
112 Philadelphia Presbytery Home, Inc.	1515 The Fairway, Rydal, PA 19046	Ambulance Transportation Services Agreement
113 Platinum Healthcare at Mainline Nursing and Rehabilitation Center	283 East Lancaster Avenue, Malvern, PA 19355	Ambulance Transportation Services Agreement
114 PRIDE Industries, Inc.	10030 Foothills Boulevard, Roseville, CA 95747-7102	Ambulance Transportation Services Agreement
115 Prison Health Services, Inc.	105 Westspark Drive, Ste. 200, Brentwood, Tennessee 37027	Ambulance Transportation Services Agreement
116 Progressive Medical, Inc.	250 Progressive Way, Westerville, OH 43082	Healthcare/Insurance Services Agreement
117 Quista Media	275 Grove Street, Suite 2-130 Newton, MA 02466	Ambulance Transportation Services Agreement
118 Ravenwood Nursing Center	501 W Franklin St, Baltimore, MD 21201	ALS/BLS Ambulance Services
119 Renaissance Gardens at Maris Grove	500 Maris Grove Way, Glen Mills, PA 19342	Ambulance Transportation Services Agreement
120 Riddle Health Care Services	1068 West Baltimore Pike, Media, PA 19063	Ambulance Services
121 Ridgeway Manor	5743 Edmondson Ave #2, Catonsville, MD 21228	ALS/BLS Ambulance Services
122 RMMA Philadelphia Surgical Center, LLC	625 Clark Avenue, Suite 17, King of Prussia, PA 19406	Ambulance Transportation Services Agreement
123 Rockford Center	100 Rockford Drive, New Castle, DE 19719	Ambulance Transportation Services Agreement
124 Saint John Viaduct Center	151 Woodbine Avenue, Downingtown, PA 19335	Ambulance Transportation Services Agreement
125 Samaritan Hospice	5 Eves Drive, Suite 300, Marlton, NJ 08053	Ambulance Transportation Services Agreement
126 Seaford Center	1100 Norman Eskridge Highway, Seaford, DE 19973	Ambulance Transportation Services Agreement
127 Seasons Hospice & Palliative Care of Delaware, LLC	300 Bidle Avenue, Suite 205, Newark, Delaware 19702	ALS/BLS Ambulance Services
128 Select Specialty Hospital-Wilmington, Inc.	701 N. Clayton Street, Wilmington, DE 19805	Ambulance Transportation Services Agreement
129 Shipley Manor	2723 Shipley Road, Wilmington, DE 19810	Ambulance Transportation Services Agreement
130 St. Agnes Long Term Intensive Care, LLP	1900 S. Broad Street, Philadelphia, PA 19145	Medical Transportation Service Agreement
131 St. Barnabas Hospital	Third Avenue and 183rd Street, Bronx, NY 10457	Ambulance Transportation Services Agreement
132 St. Martha Manor	470 Manor Avenue, Downingtown, PA 19355	Ambulance Transportation Services Agreement
133 Taylor Hospice	300 Johnson Avenue, Ridley Park, PA 19078	Ambulance Transportation Services Agreement
134 The American Psychiatric Association	1000 Wilson Blvd., Suite 1825, Arlington, VA 22209	Ambulance Transportation Services Agreement
135 The Birth Center	918 County Line Road, Bryn Mawr, PA 19010	ALS/BLS Ambulance Services
136 The Charles Jr. House	1 Center Plaza, Boston, MA 02108	Ambulance Transportation Services Agreement
137 The Children's Surgery Center of Malvern	596 East Lancaster Ave., Malvern, PA 19355	ALS Transport Agreement
138 The County of Putnam	40 Glencida Avenue, Carmel, NY 10512	Ambulance Transportation Services Agreement
139 The Hill of White Marsh	400 Fox Hollow Drive, Lafayette Hill, PA 19444	Ambulance Transportation Services Agreement
140 The Laser Spine Institute	656 S Swedesford Road, Wayne, PA 19083	Ambulance Transportation Services Agreement
141 The Memorial Hospital of Salem County	310 Woodstown Road, Salem, NJ 08079	Ambulance Transportation Services Agreement
142 The Mummers Association	P.O. Box 37541 Philadelphia, PA 19148-9998	Ambulance Transportation Services Agreement
143 The National Association of Student Personnel Association	111 K Street NE, 10th Floor, Washington, DC 20002	Healthcare/Insurance Services Agreement
144 Three Rivers Provider Network, Inc.	910 Hale Pl., Suite 101, Chula Vista, CA 91914	Ambulance Transportation Services Agreement
145 Unite for Her	P.O. Box 351, Pocopson, PA 19366	Healthcare Services Agreement
146 United HealthCare Insurance Company	PO Box 170 Wood Avenue South, Floor 3, Iselin, NJ 08830	Ambulance Staffing Agreement
147 VA Medical Center Castle Point Campus	150 West Kingsbridge Road, Bronx, NY 10468	Ambulance and Emergency Health Services
148 VA Medical Center Monrovia Campus	2094 Albany Post Rd, Monroe, NY 10548	Ambulance Transportation Services Agreement
149 Valley Forge Surgical Center	945 Chesterbrook Blvd, Wayne, PA 19087	Ambulance Service Agreement
150 Veolia Transportation, Inc.	2100 Huntingdon Ave., Baltimore, MD 21211	Ambulance Transportation Agreement
151 Village of Briarcliff Manor	1111 Pleasantville Road, Briarcliff Manor, NY 10510	Town Hall, 20 Middlebush Road, Bronx, NY 12590
152 Wappinger Ambulance District	1361 Boot Road, West Chester, PA 19380	1361 Boot Road, West Chester, PA 19380
153 Wellington Terrace	100 Woods Road, Executive Offices at Taylor Pavilion-C2, Valhalla, NY 10595	100 Woods Road, Executive Offices at Taylor Pavilion-C2, Valhalla, NY 10595
154 Westchester Medical Center	2475 St. Raymond Avenue, Bronx, NY 10461	Ambulance Transportation Services Agreement
155 Westchester Square Medical Center	P.O. Box 16471, Pittsburgh, PA 15242	Wheelchair and Ambulance Transportation Services
156 Westford Health Sources, Inc.	P.O. Box 222, 1407 Pinesville Road, Whiteford, MD 21160	Billing and Collection Services
157 Whiteford Volunteer Fire Company, Inc.		